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ELEVENTH ANNUAL REPORT

OF THE

STATE BOARD OF INSANITY

OF

The Commonwealth of Massachusetts,

FOR THE

YEAR ENDING NOVEMBER 30, 1909.



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The Commonwealth of Massachusetts.

STATE BOARD OF INSANITY.

To His Excellency the Governor and the Honorable Council.

The State Board of Insanity respectfully submits its eleventh annual report, for the year ending Nov. 30, 1909, except for matters relating to general statistics, which cover the year ending September 30.

The Board has supervision of the institutions for the insane, feeble-minded, epileptic and inebriates in the Foxborough State Hospital. The local administration of each institution is under the control of its own Board of Trustees, but the State Board has the right to make investigation and recommendation as to any matters pertaining to these institutions.

ALL CLASSES UNDER CARE.

The number and location of these classes Oct. 1, 1909, were: —

LOCATION.	Insane.	Feeble-minded.	Epileptic (Saue).	Inebriate.	Total.	Voluntary Mental (Not Insane).	Other Classes.
Worcester State Hospital,	1,274	-	-	11	1,285	-	-
Taunton State Hospital,	990	-	-	4	994	1	-
Northampton State Hospital,	885	-	-	-	885	3	-
Danvers State Hospital,	1,420	-	-	3	1,423	1	-
Westborough State Hospital,	968	-	1	12	981	10	-
Boston State Hospital,	790	-	-	-	790	-	-
Mental wards, State Infirmary,	704	-	-	-	704	-	-
Worcester State Asylum,	1,128	-	-	-	1,128	-	-

LOCATION.	Insane.	Feeble-minded.	Epileptic (Sane).	Inebriate.	Total.	Voluntary Mental (Not Insane).	Other Classes.
Medfield State Asylum,	1,577	-	-	-	1,577	-	-
Gardner State Colony,	582	-	-	-	582	-	-
Monson State Hospital,	329	-	366	-	695	-	-
Bridgewater State Hospital,	634	-	-	-	634	-	-
Foxborough State Hospital,	209	-	-	92	301	-	-
Family care,	241	-	-	-	241	-	-
McLean Hospital,	218	-	-	-	218	1	-
Twenty private institutions for the insane, .	103	-	3	4	110	11	54
School for the Feeble-minded, Waltham, .	-	1,401	-	-	1,401	-	-
Wrentham State School,	-	42	-	-	42	-	-
Hospital Cottages for Children,	-	15	94	-	109	-	21
Elm Hill Private Home and School for the Feeble-minded.	-	58	-	-	58	-	-
Almshouses,	-	216	-	-	216	-	-
Total under care,	12,052	1,732	464	126	14,374	27	75
Viz.:—							
Public care,	11,731	1,674	461	122	13,988	15	21
Institutions,	11,490	1,458	461	122	13,531	15	21
Family care,	241	-	-	-	241	-	-
Almshouses,	-	216	-	-	216	-	-
Private care,	321	58	3	4	386	12	54
McLean Hospital,	218	-	-	-	218	1	-
Twenty-one institutions,	103	58	3	4	168	11	54

THE WHOLE NUMBER OF THESE CLASSES

under care Oct. 1, 1909, was 14,374, being 1 such person to every 227 of the estimated population of the State. Of this number, 12,052, or 84 per cent., were insane; 1,732, or 12 per cent. feeble-minded; 464, or 3 per cent., epileptic (sane); and 126, or 1 per cent., inebriates. Their increase for the year was 692. Of this number, 508, or 73 per cent., were insane; 133, or 19 per cent., feeble-minded; 40, or 6 per cent., epileptic (sane); and 11, or 2 per cent., inebriates.

The whole number of such persons under public care was 13,988; under private care, 386.

The whole number of such persons in public institutions was 13,531; their increase for the year, 658; their average annual increase for the last five years, 542.

While the increase in the accumulation of all classes in public institutions is less than last year, there continues to be a tendency for the yearly ratio of this increase to grow larger.

The reasons for another comparatively large increase this year may be found partly in the growth of population, partly in the continued greater conservatism of hospital officials in the matter of discharge, due both to a popular feeling of apprehension concerning many such discharges, and to the necessity, under the Revised Laws, of referring a certain class of discharges to the State Board for approval.

THE INSANE

under care Oct. 1, 1909, numbered 12,052, being 1 insane person to every 270 of the estimated population of the State. In addition, there were 574 unrecovered insane who were temporarily absent from institutions, and a considerable number of others in the community who had previously been discharged or had never appeared in institutions for the insane.

The insane appear under public care in institutions and family care, and under private care in private institutions. Their number and increase in these locations for the year, the last five years, the last ten years and the last twenty-five years are shown as follows:—

	NUMBER OCT. 1, 1909.			INCREASE OVER PREVIOUS YEARS.					Average Increase, Five Years.	Average Increase, Ten Years.	Average Increase, Twenty-five Years.
	Males.	Females.	Totals.	1909.	1908.	1907.	1906.	1905.			
Public institutions, . . .	5,712	5,778	11,490	499	789	376	172	1741	402.0	386.7	319.72
Family care, . . .	10	231	241	3 ²	31 ²	10 ²	32	40	5.6	14.5	9.64
Total, public, . . .	5,722	6,009	11,731	496	758	366	204	214	407.6	401.2	329.36
Private institutions, . . .	113	208	321	12	18	31	15	3	15.8	8.2	4.08
Total, public and private,	5,835	6,217	12,052	508	776	397	219	217	423.4	409.4	333.44

¹ Exclusive of transfers from almshouses.

² Decrease.

THE INCREASE OF THE INSANE

under care for the year was 508, compared with 776 the previous year; 423, the average annual increase for the last five years; 409, the last ten years; and 333, the last twenty-five years.

The number of nonresident insane was 65, compared with 69 the previous year; 60, the average number the last five years. Of these, 53 were patients in private institutions; 12, private patients in State hospitals.

It is the policy of the State not to receive into its institutions nonresidents, even as private patients, unless their friends are resident in Massachusetts and have just claims for such service.

THE INCREASE OF THE INSANE UNDER PUBLIC CARE

was 496, compared with 758 the previous year; 407, the average annual increase for the last five years; 401, the last ten years; and 329, the last twenty-five years.

THE INCREASE OF THE INSANE UNDER PRIVATE CARE

was 12, compared with 18 the previous year; 16, the average annual increase for the last five years; 8, the last ten years; and 4, the last twenty-five years.

In addition to the insane, there were in private institutions 72 patients, compared with 83 the previous year. Of these, 11 were sane voluntary mental patients and 61 voluntary non-mental patients. None of these were in the McLean Hospital, although 35.45 per cent. of its patients were under the voluntary relation, without commitment as insane.

THE DECREASE OF THE INSANE IN FAMILY CARE

was 3, compared with a decrease of 31 the previous year; 5, the average annual increase for the last five years; 14, the last ten years; and 9, the last twenty-five years.

THE INCREASE OF THE INSANE IN PUBLIC INSTITUTIONS

was 499, compared with 789 the previous year; 402, the average annual increase for the last five years; 387, the last ten years; and 320, the last twenty-five years.

THE INFLOW TO PUBLIC INSTITUTIONS

was less than the previous year.

The total admissions, inclusive of 427 nominal admissions, were 4,064, a decrease of 271, compared with an increase of 174 the previous year.

The total number of different patients actually received during the year was 2,954, a decrease of 110, compared with an increase of 328 the previous year.

THE OUTFLOW FROM PUBLIC INSTITUTIONS

was greater than the previous year, but, in proportion to the total number of cases under care, it was relatively *less* than the previous year, and accounts largely for the increase in the accumulation of the insane this year.

The total dismissals, inclusive of 427 nominal dismissals, were 3,565, an increase of 19, compared with an increase of 239 the previous year.

The total number of different patients actually dismissed during the year was 2,476, an increase of 151.

There were 1,105 deaths, an increase of 16; recoveries, 350, a decrease of 30; dismissals to family care, 59, an increase of 24; to institutions, 591, a decrease of 55; to the United States immigration service, 84, an increase of 11; to the State Board, 151, an increase of 50; escapes, 72, an increase of 8; discharges as not insane, 11, an increase of 1. Such dismissals total 2,423, an increase of 25, compared with a decrease of 22 the previous year. These may be termed compulsory dismissals inasmuch as the friends and hospital officials do not control their release.

In addition, there were 1,142 voluntary dismissals at the request of friends or on the advice of the hospital physicians, a decrease of 6, compared with a decrease of 217 the previous year.

The voluntary dismissal rate this year was 0.44 per cent. less than the previous year.

COMMITMENTS OF THE INSANE,

inclusive of all voluntary admissions, to public institutions and McLean Hospital, were 3,096, compared with 3,195 the previous year, and 2,979, the average the last five years. The decrease

this year was 99, compared with an increase of 173 the previous year, and 39, the average increase the last five years.

They comprise court commitments as insane, voluntary admissions of the insane and voluntary admissions of mental patients who were classed as sane.

Court commitments as insane were 2,911, compared with 3,000 the previous year, and 2,828, the average the last five years. The decrease was 89, compared with an increase of 134 the previous year, and 22, the average increase the last five years.

Voluntary admissions of the insane were 157, compared with 144 the previous year. Public institutions received 70 such patients, of whom 7, or 10 per cent., required subsequent commitment. McLean Hospital received 87 such patients, of whom 6, or 6.89 per cent., required subsequent commitment.

Voluntary admissions of mental patients who were classed as sane were 28, compared with 51 the previous year. Public institutions received 25 such patients, McLean Hospital, 3.

ALL VOLUNTARY ADMISSIONS

were 185, compared with 195 the previous year, and 151, the average the last five years. The decrease was 10, compared with an increase of 41 the previous year, and 17, the average increase the last five years. Public Institutions received 95 such patients, compared with 101 the previous year, and 69, the average the last five years. McLean Hospital received 90 such patients, compared with 94 the previous year, and 81, the average the last five years.

EMERGENCY COMMITMENTS

numbered 133, an increase of 56, compared with an increase of 1 the previous year, and 10, the average the last five years. Public institutions received 124, and McLean Hospital, 9. One hundred and twenty-eight were duly committed, 3 were discharged within the five days' limit, and 2 died.

FIRST CASES OF INSANITY,

appeared in public institutions and McLean Hospital to the number of 2,451, compared with 2,491 the previous year, and 2,328, the average the last five years. The decrease was 40, compared with an increase of 77 the previous year, and 51, the average increase the last five years, thus showing that the increase in accumulation of the insane in institutions this year was not due to a higher rate of development of insanity.

Of all commitments of the insane to these institutions (inclusive of insane voluntary patients), 79.89 per cent. appeared for the first time in any institution for the insane.

One insane person came under care for the first time from every 1,329 of the estimated population of the State, compared with 1,281 the previous year, and 1,391, the average from 1900 to 1905. The estimated increase in the population of the State for the year is 66,221; hence the growth of population would have accounted for an increase of 50 in the first cases of insanity. As shown above, however, there was an actual decrease (40) of these cases, indicating again that there was not a higher rate of development of insanity in the State during this year.

THE NATIVITY

of such first cases of insanity does not differ materially from the percentages of the previous year. Exclusive of 18, or .74 per cent., whose birthplaces were unknown, 965, or 39.66 per cent., were born in Massachusetts; 1,236, or 49.84 per cent., in New England; 1,392, or 57.17 per cent., in United States; 1,041, or 42.14 per cent., in foreign countries.

THEIR PARENTAGE

also corresponds substantially with the percentages of previous years. Exclusive of 131, or 5.34 per cent., whose birthplaces were unknown, 444, or 19.13 per cent., of the mothers were born in Massachusetts; 702, or 30.26 per cent., in New England; 809, or 34.87 per cent., in United States; 1,510, or 65.09 per cent., in foreign countries.

Exclusive of 127, or 5.18 per cent., whose birthplaces were unknown, 420, or 18.07 per cent., of the fathers were born in

Massachusetts; 677, or 29.13 per cent., in New England; 789, or 33.95 per cent., in United States; 1,534, or 66.01 per cent., in foreign countries.

THEIR AGES

vary but little from the averages of previous years. The age of 60 or more had been reached by 500, or 20.48 per cent., when admitted for hospital treatment; by 401, or 17.66 per cent., when insanity began. The mean age was 41.24 years on admission; 39.79 years at the onset of mental disease.

THE LOCALITIES

where they resided at the time of commitment and where insanity developed in the main show that country districts furnish relatively fewer cases of insanity than the more populous centers. The cities and towns of over 10,000 inhabitants comprise 75.08 per cent. of the total population of the State, and country districts only 24.92 per cent., whereas 2,019, or 82.37 per cent., of the commitments were made from the former, and 432, or 17.63 per cent., from the latter.

THE CAUSES OF INSANITY

assigned by the physicians of the hospital were physical in 1,639, or 66.87 per cent., mental in 176, or 7.18 per cent.; unknown in 631, or 25.74 per cent.; and not insane in .20 per cent.

Congenital causes were assigned in 9.34 per cent.; heredity alone in 5.34 per cent., with other causes, 11.83 per cent., making heredity a causative factor in 17.17 per cent.; alcoholic intemperance alone in 14.48 per cent., with other causes, 4.82 per cent., making alcohol a causative factor in 19.30 per cent.; senility in 11.63 per cent.; coarse brain lesions in 7.18 per cent.; syphilis in 4.12 per cent. These six causes were operative in 68.74 per cent. of this year's first cases of insanity.

THE CURABILITY OF MENTAL DISEASE

in this year's first cases of insanity is practically the same as last year, and does not vary materially from the average.

The mental disease was classed as curable (Group A, Table 1) in 552, or 22.52 per cent., of first cases, compared with

22.48 per cent. the previous year, and 24.06 per cent., the average for the last five years. The outcome in 2,797 such cases (a five-year period) indicates an expectation of recovery in 1 out of 2.18 cases.

The mental disease was classed as generally incurable (Group B, Table 1) in 893, or 36.43 per cent. The outcome in 4,137 such cases (a five-year period) indicates an expectation of recovery in 1 out of 30.42 cases.

The mental disease was classed as incurable (Group C, Table 1) in 908, or 37.05 per cent. The outcome in 4,308 such cases (a five-year period) indicates an expectation of recovery in 1 out of 1,436 cases.

CERTAIN FORMS OF MENTAL DISEASE

occur with great frequency; manic-depressive insanity in 14.28 per cent. of this year's first cases of insanity and in 63.41 per cent. of the forms of mental disease classed as curable (Table 1); acute alcoholic insanity in 5.30 per cent. of first cases and in 23.55 per cent. of the forms classed as curable. These two forms comprised 19.58 per cent. of first cases, compared with 18.87 per cent. the previous year, and 19.16 per cent., the average the last five years. They comprised 86.96 per cent. of forms of mental disease classed as curable, compared with 83.93 per cent. the previous year, and 82.72 per cent., the average the last five years. They furnished 72.44 per cent. of first recoveries, compared with 78.73 per cent. the previous year, and 75.46 per cent., the average the last five years.

In the groups classed as incurable and generally incurable, dementia præcox occurred in 20.93 per cent. of first cases; chronic alcoholic insanity in 6.16 per cent.; imbecility in 5.30 per cent.; senile insanity in 12.04 per cent.; epileptic insanity in 3.55 per cent.; general paralysis in 8.81 per cent.; coarse brain lesions in 7.34 per cent. These seven forms, classed as practically incurable, comprised 64.13 per cent. of first cases, and furnished 6.04 per cent. of first recoveries.

These nine forms of disease comprised 83.71 per cent. of this year's first cases of insanity, compared with 83.58 per cent. the previous year, and 83.65 per cent., the average the last five years.

THE DURATION OF MENTAL DISEASE

previous to hospital treatment was less than three months in 769, or 34.12 per cent., of first cases, compared with an average of 36.28 per cent. the last five years; less than six months in 1,016, or 45.08 per cent., compared with an average of 47.28 per cent. the last five years; less than one year in 1,267, or 56.21 per cent., compared with an average of 57.83 per cent. the last five years; one year or more in 987, or 43.79 per cent., compared with an average of 42.17 per cent. the last five years.

The significance of the previous duration of mental disease is evident from the fact that out of 1,316 first recoveries (a five-year period), 72.41 per cent. had a previous duration less than three months; 83.13 per cent. less than six months; 91.03 per cent. less than one year; and only 8.97 per cent. one year or more; while the whole duration of insanity was less than three months in 27 per cent.; less than six months in 53 per cent.; less than one year in 77 per cent.; and one year or more in only 23 per cent. These percentages have been substantially constant for the last five years.

DISCHARGES.

THE RESULTS OF MENTAL DISEASE

are shown in the condition of patients on discharge: 378 recovered, 287 were capable of self-support, 362 were improved, and 336 not improved.

THE RECOVERY RATE

for the whole State was 12.60 per cent. of commitments, compared with 13.65 per cent. the previous year, and 13.82 per cent. the average the last five years.

The percentages of recoveries in public institutions and McLean Hospital were:—

Of commitments (inclusive of		
insane voluntary), . . .	12.32; last three years' average,	12.92
Of whole number of persons, . .	2.64; last three years' average,	2.91
Of daily average number, . . .	3.30; last three years' average,	3.68

There were 265 recoveries of first cases of insanity, being 10.81 per cent. of such, compared with 12.64 per cent. the previous year, and 11.53 per cent., the average the last three years.

There were discharged,

CAPABLE OF SELF-SUPPORT,

287, or 9.35 per cent. of the commitments, compared with 9.03 per cent. the previous year.

THE RESTORATION OF THE INSANE

to self-support in the community includes both the recovered and those discharged capable of self-support. Together they numbered 686 this year.

The percentages of both these classes in public institutions and McLean Hospital were: —

Of commitments (inclusive of		
insane voluntary), . . .	22.36; last four years' average,	21.90
Of whole number of persons, . .	4.80; last four years' average,	4.76
Of daily average number, . . .	5.98; last four years' average,	6.12

DEATHS.

THE DEATH-RATE OF THE INSANE

for the whole State during the year was 78.6 per thousand of the whole number of persons treated, compared with 80.5 the previous year, and 81.1 the average the last five years.

The percentages of deaths in public institutions and McLean Hospital were: —

Of whole number of persons, . .	7.95; previous five years' average,	8.26
Of daily average number, . . .	9.91; previous five years' average,	10.65
Of discharges and deaths, . . .	47.38; previous five years' average,	44.34

Mental disease classed as curable was present in 5.72 per cent. of persons who died, compared with 9.73 the previous year.

The percentage of deaths occurring within the first three months of hospital residence was 29.45, against 29.39 in 1908, 29.68 in 1907, 28.52 in 1906, and 30.2 in 1905.

Senile insanity was present in 20.67 per cent., general paralysis in 15.48 per cent., and coarse brain lesions in 11.43 per cent.

These incurable brain conditions existed in 46.06 per cent., compared with 51.44 per cent. the previous year.

Tuberculosis was present in 10.55 per cent., compared with 13.24 per cent. the previous year.

Pneumonia (lobar, broncho and hypostatic) was present in 14.25 per cent., organic disease of the heart in 15.48 per cent., organic disease of the kidneys in 4.40 per cent., and malignant tumors in 1.58 per cent.

The statistical data on which the foregoing statements and conclusions are based are found in the following tables:—

TABLE 1. — *Relative to First Cases of Insanity in Public Institutions and McLean Hospital.*

INSTITUTIONS.	INSANE COMMITMENTS.			FIRST CASES OF INSANITY — PERCENTAGES.							
	All.	First to Any Hospital.	PERCENTAGE OF FIRST CASES OF INSANITY.	PATIENTS.							
				MASSACHUSETTS.				NATIVE.			
				Average Five Years, 1903-1909.		1909.		Average Five Years, 1903-1909.		1909.	
				Average Five Years, 1903-1909.	1909.	Average Five Years, 1903-1909.	1909.	Average Five Years, 1903-1909.	1909.	Average Five Years, 1903-1909.	1909.
Worcester Hospital, . . .	481	383	79.63	79.76	37.99	35.54	55.15	50.90	33.90	29.84	31.16
Taunton Hospital, . . .	461	353	76.57	77.89	34.39	33.81	50.87	47.56	31.56	30.62	31.48
Northampton Hospital, . .	282	233	82.62	79.22	37.34	40.04	60.94	60.26	35.53	37.07	35.96
Danvers Hospital, . . .	638	534	81.16	78.72	40.07	38.24	56.93	54.14	37.71	35.14	37.19
Westborough Hospital, . .	477	365	76.52	76.07	48.20	43.74	65.93	63.35	43.54	43.50	41.86
Boston Hospital, . . .	334	274	82.04	81.44	39.93	41.20	51.28	53.39	22.01	25.19	22.01
Mental wards, State Infirmary, .	78	73	93.59	90.78	15.28	20.83	33.33	37.81	20.29	21.31	22.06
Bridgewater Hospital, . .	163	93	90.29	87.15	30.11	28.18	48.39	48.98	23.08	21.34	21.35
Other public institutions, . .	36	32	88.89	71.90	68.75	62.13	71.88	76.80	34.33	40.82	40.63
Totals and averages, public, . .	2,910	2,340	80.41	79.38	39.09	38.04	56.01	54.15	33.78	32.88	33.02
McLean Hospital, . . .	158	111	70.25	70.71	51.82	49.30	81.82	81.71	59.00	61.56	54.46
Totals and averages, public and McLean, . . .	3,068	2,451	79.89	78.95	39.66	38.53	57.17	55.35	34.87	34.05	33.95

TABLE 1. — *Relative to First Cases of Insanity in Public Institutions and McLean Hospital* — Continued.

FIRST CASES OF INSANITY — PERCENTAGES — CON.								
INSTITUTIONS.	COMMITTED FROM			AGE.				
	CITIES AND TOWNS OVER 10,000, 75 PER CENT. STATE POPULATION.		COUNTRY DISTRICTS, 25 PER CENT. STATE POPULATION.	60 YEARS OR OVER.		AVERAGE AGE.		
	1909.	Average Five Years, 1903-1909.	1909.	Average Five Years, 1903-1909.	1909.	Average Five Years, 1903-1909.	1909.	
Worcester Hospital,	81.20	80.26	18.80	19.74	21.37	18.27	43.30	42.14
Taunton Hospital,	67.99	70.39	32.01	29.61	23.78	21.40	43.60	43.02
Northampton Hospital,	74.68	73.02	25.32	26.98	19.74	23.21	43.20	44.14
Danvers Hospital,	93.63	81.70	6.37	18.30	21.80	22.40	35.75	42.70
Westborough Hospital,	70.14	70.91	29.86	29.09	19.18	21.16	41.93	43.98
Boston Hospital,	98.91	98.77	1.09	1.23	22.63	25.61	45.84	45.72
Mental wards, State Infirmary,	94.52	88.53	5.48	11.47	31.51	27.22	46.20	48.36
Bridgewater Hospital,	88.17	79.52	11.83	20.48	3.23	3.37	34.60	34.56
Other public institutions,	87.50	64.98	12.50	35.02	3.13	4.67	24.60	26.44
Totals and averages, public,	82.52	79.44	17.48	20.56	20.82	20.97	41.09	42.85
McLean Hospital,	79.28	75.51	20.72	24.49	13.51	18.59	44.42	44.18
Totals and averages, public and McLean,	82.37	79.27	17.63	20.73	20.48	20.85	41.24	43.28

TABLE 1. — *Relative to First Cases of Insanity in Public Institutions and McLean Hospital* — Continued.

INSTITUTIONS.	FIRST CASES OF INSANITY — PERCENTAGES — CON.							
	DURATION PRIOR TO COMMITMENT.							
	1 YEAR OR MORE.		UNDER 1 YEAR.		UNDER 6 MONTHS.		UNDER 3 MONTHS.	
	1909.	Average Five Years, 1903-1909.	1909.	Average Five Years, 1903-1909.	1909.	Average Five Years, 1903-1909.	1909.	Average Five Years, 1903-1909.
Worcester Hospital,	48.02	41.21	51.98	58.79	44.92	50.87	34.46	40.33
Taunton Hospital,	54.36	47.51	45.64	52.49	34.90	43.21	28.19	32.27
Northampton Hospital,	50.22	51.49	49.78	48.51	42.29	40.38	32.16	32.01
Danvers State Hospital,	39.61	43.42	60.39	56.58	43.30	43.53	32.82	33.27
Westborough Hospital,	40.24	36.33	59.76	63.67	49.09	54.02	36.28	42.15
Boston Hospital,	39.85	41.07	60.15	58.93	48.87	47.09	35.71	32.63
Mental wards, State Infirmary,	53.12	59.47	46.88	40.53	43.75	27.55	28.13	18.79
Bridgewater Hospital,	50.55	41.64	49.45	58.36	36.26	42.48	19.78	29.94
Other public institutions,	—	3.08	100.00	96.92	100.00	88.03	100.00	75.22
Totals and averages, public,	44.38	42.54	55.62	57.46	44.42	46.95	33.64	36.14
McLean Hospital,	32.43	35.18	67.57	64.82	57.66	53.09	43.24	37.14
Totals and averages, public and McLean,	43.79	42.17	56.21	57.83	45.08	47.28	34.12	36.28

FIRST CASES OF INSANITY — PERCENTAGES — CON.										
CAUSES ASSIGNED BY HOSPITAL PHYSICIANS.										
INSTITUTIONS.	CONGENITAL.		HEREDITY.		HEREDITY AND OTHER CAUSES.		TOTAL HEREDITY.		SENILITY.	
	1909.	Average Five Years, 1905-1909.	1909.	Average Five Years, 1905-1909.	1909.	Average Five Years, 1905-1909.	1909.	Average Five Years, 1905-1909.	1909.	Average Five Years, 1905-1909.
Worcester Hospital,	13.58	7.88	8.62	10.80	12.79	10.74	21.41	21.54	14.36	12.04
Taunton Hospital,	5.10	4.58	7.93	11.37	7.08	6.70	15.01	18.07	17.00	15.64
Northampton Hospital,	15.88	14.75	10.73	13.55	15.45	12.50	26.18	26.05	14.59	20.28
Danvers Hospital,	10.67	6.04	5.06	8.77	8.99	16.47	14.05	25.24	6.37	12.33
Westborough Hospital,	9.04	4.62	4.93	5.14	10.68	9.12	15.61	14.26	10.14	12.88
Boston Hospital,	3.65	3.49	-	-	13.14	11.43	13.14	11.43	18.25	21.81
Mental wards, State Infirmary,	9.59	12.89	-	-	15.07	17.49	15.07	17.49	12.33	18.09
Bridgewater Hospital,	16.13	10.52	-	3.61	13.98	13.27	13.98	16.88	2.15	4.05
Other public institutions,	-	-	-	-	6.25	21.61	6.25	21.61	-	-
Totals and averages, public,	9.79	6.92	5.60	7.68	11.07	11.60	16.67	19.28	12.01	14.46
McLean Hospital,	-	-	-	-	27.93	40.45	27.93	40.45	3.60	2.66
Totals and averages, public and McLean,	9.34	6.62	5.34	7.36	11.83	12.82	17.17	20.18	11.63	13.98

TABLE 1. — *Relative to First Cases of Insanity in Public Institutions and McLean Hospital — Continued.*

INSTITUTIONS.	FIRST CASES OF INSANITY — PERCENTAGES — CON.									
	CAUSES ASSIGNED BY HOSPITAL PHYSICIANS — CON.									
	COARSE BRAIN LESIONS.		ALCOHOLIC INTEMPERANCE.		ALCOHOLIC INTEMPERANCE AND OTHER CAUSES.		TOTAL ALCOHOLIC INTEMPERANCE.		SYPHILIS.	
	1909.	Average Five Years, 1905-1909.	1909.	Average Five Years, 1905-1909.	1909.	Average Five Years, 1905-1909.	1909.	Average Five Years, 1905-1909.	1909.	Average Five Years, 1905-1909.
Worcester Hospital,	6.53	4.06	14.88	21.89	6.53	7.35	21.41	29.24	4.96	5.90
Taunton Hospital,	2.27	2.18	12.18	15.33	2.55	4.18	14.73	19.51	3.40	4.32
Northampton Hospital,	5.15	4.73	16.74	19.87	3.00	7.19	19.74	27.06	.86	2.18
Danvers Hospital,	12.73	8.75	18.16	20.10	7.12	5.99	25.28	26.09	3.75	4.92
Westborough Hospital,	6.58	7.28	9.32	12.64	1.10	3.21	10.42	15.85	5.48	4.26
Boston Hospital,	6.57	5.51	9.49	10.65	1.82	1.89	11.31	12.54	3.28	2.90
Mental wards, State Infirmary,	15.07	4.38	16.44	16.93	10.96	14.63	27.40	31.56	8.22	7.95
Bridgewater Hospital,	2.15	5.05	43.01	43.02	13.98	15.75	56.99	58.77	—	2.09
Other public institutions,	3.13	1.51	—	.45	23.13	5.62	28.13	6.07	—	.22
Totals and averages, public,	7.22	5.39	14.87	17.90	5.04	5.79	19.91	23.69	3.76	4.26
McLean Hospital,	6.31	8.73	6.31	7.43	—	.88	6.31	8.31	11.71	7.98
Totals and averages, public and McLean,	7.18	5.40	14.48	17.44	4.82	5.59	19.30	23.03	4.12	4.42

TABLE 1.—*Relative to First Cases of Insanity in Public Institutions and McLean Hospital*—Continued

INSTITUTIONS.	FIRST CASES OF INSANITY — PERCENTAGES — CON.									
	FORMS OF MENTAL DISEASE.									
	PERSONS TO FIRST CASES.									
	Curable.			Generally Incurable.						B and C.
	1909.	Average Five Years, 1903-1909.	B.	1909.	Average Five Years, 1903-1909.	C.	1909.	Average Five Years, 1903-1909.	1909.	
Worcester Hospital,	18.54	23.76	47.26	33.68	44.92	31.02	80.94	75.94		
Taunton Hospital,	18.13	20.26	35.41	35.41	42.10	32.56	70.52	74.66		
Northampton Hospital,	27.04	26.26	32.19	40.34	30.45	43.11	72.53	73.56		
Danvers Hospital,	20.60	26.57	37.45	35.96	31.46	37.81	73.41	69.27		
Westborough Hospital,	24.93	23.30	36.44	35.34	38.95	36.02	71.78	74.97		
Boston Hospital,	28.47	22.79	27.01	43.06	31.82	43.76	70.07	75.58		
Mental wards, State Infirmary,	6.85	11.76	32.88	60.27	26.95	61.28	93.15	88.23		
Bridgewater Hospital,	18.28	24.79	69.89	11.83	56.65	17.77	81.72	74.42		
Other public institutions,	-	-	-	100.00	-	100.00	100.00	100.00		
Totals and averages, public,	21.32	22.99	37.48	37.35	36.85	37.96	74.83	74.81		
McLean Hospital,	47.75	46.88	14.41	30.63	17.51	26.43	45.04	43.94		
Totals and averages, public and McLean,	22.52	24.06	36.43	37.05	36.01	37.46	73.48	73.47		

TABLE 1.— *Relative to First Cases of Insanity in Public Institutions and McLean Hospital — Continued.*

FIRST CASES OF INSANITY — PERCENTAGES — Con.												
FORMS OF MENTAL DISEASE — Con.												
INSTITUTIONS.	RECOVERIES TO FIRST RECOVERIES.											
	Curable.				Generally Incurable.		MANIC-DEPRESSIVE INSANITY.				ACUTE ALCOHOLIC INSANITY.	
	A.				B and C.							
	1909.	Average Five Years, 1905-1909.	1909.	Average Five Years, 1905-1909.	1909.	Average Five Years, 1905-1909.	1909.	Average Five Years, 1905-1909.	1909.	Average Five Years, 1905-1909.	1909.	Average Five Years, 1905-1909.
Worcester Hospital,	100.00	95.71	-	4.29	9.92	10.13	5.74	8.48				
Taunton Hospital,	78.05	91.62	21.95	8.38	11.05	9.59	4.53	6.55				
Northampton Hospital,	87.50	96.79	12.50	3.21	18.45	16.24	6.87	7.47				
Danvers Hospital,	90.00	96.82	10.00	3.18	9.36	11.55	8.05	10.05				
Westborough Hospital,	77.36	74.92	22.64	25.08	16.71	11.19	5.21	7.03				
Boston Hospital,	84.62	94.12	15.38	5.88	23.72	14.24	1.82	2.10				
Mental wards, State Infirmary,	100.00	89.33	-	10.67	2.74	5.04	1.37	1.64				
Bridgewater Hospital,	100.00	100.00	-	-	2.15	4.21	7.53	9.77				
Other public institutions,	50.00	65.00	50.00	35.00	-	-	-	-				
Totals and averages, public,	85.60	89.99	14.40	10.01	12.82	10.97	5.51	7.01				
McLean Hospital,	90.91	88.79	9.09	11.21	45.05	43.32	.90	2.40				
Totals and averages, public and McLean,	86.04	89.94	13.96	10.06	14.28	12.34	5.30	6.82				

TABLE 1. — *Relative to First Cases of Insanity in Public Institutions and McLean Hospital — Continued.*

INSTITUTIONS.	FIRST CASES OF INSANITY — PERCENTAGES — CON.							
	FORMS OF MENTAL DISEASE — CON.							
	CHRONIC ALCOHOLIC INSANITY.		DEMENTIA PRECOX.		GENERAL PARALYSIS.		COARSE BRAIN LESIONS.	
	1909.	Average Five Years, 1905-1909.	1909.	Average Five Years, 1905-1909.	1909.	Average Five Years, 1905-1909.	1909.	Average Five Years, 1905-1909.
Worcester Hospital,	5.74	6.90	25.59	25.97	9.92	11.10	6.01	4.03
Taunton Hospital,	5.67	5.81	19.83	25.10	9.07	9.25	2.55	2.73
Northampton Hospital,	5.15	6.01	18.45	17.03	5.15	5.65	6.01	5.08
Danvers Hospital,	7.68	6.25	23.22	20.40	7.87	9.51	12.92	9.30
Westborough Hospital,	4.66	5.00	23.84	23.18	6.85	7.79	5.75	5.48
Boston Hospital,	6.57	4.72	10.58	15.88	13.87	13.89	6.57	4.52
Mental wards, State Infirmary,	13.70	8.08	16.44	12.25	6.85	10.72	19.18	9.00
Bridgewater Hospital,	11.83	18.56	48.39	38.23	8.60	4.90	1.08	2.56
Other public institutions,	—	—	—	—	—	—	—	—
Totals and averages, public,	6.45	6.34	21.71	21.66	8.55	8.92	7.22	5.32
McLean Hospital,	—	.50	4.50	5.45	14.41	11.92	9.91	7.72
Totals and averages, public and McLean,	6.16	6.10	20.93	20.97	8.81	9.41	7.34	5.42

TABLE 1. — *Relative to First Cases of Insanity in Public Institutions and McLean Hospital — Concluded.*

FIRST CASES OF INSANITY — PERCENTAGES — CON.									
FORMS OF MENTAL DISEASE — CON.									
INSTITUTIONS.									
EPILEPTIC INSANITY.				IMBECILITY.				SENILE INSANITY.	
1909.	Average Five Years, 1905-1909.			1909.	Average Five Years, 1905-1909.			1909.	Average Five Years, 1905-1909.
Worcester Hospital,	2.87	2.59		3.13	2.37			11.75	10.33
Taunton Hospital,	1.13	2.87		5.10	3.10			17.56	14.62
Northampton Hospital,	5.15	3.29		9.44	10.89			14.59	18.20
Danvers Hospital,	2.81	2.54		5.24	5.24			7.12	11.22
Westborough Hospital, . . . . .	.55	1.69		9.04	4.62			13.15	16.45
Boston Hospital,	1.82	1.50		3.28	3.29			17.52	20.56
Mental wards, State Infirmary,	6.85	4.67		9.59	12.72			17.81	24.16
Bridgewater Hospital,	-	.97		1.08	6.56			1.08	2.75
Other public institutions,	100.00	100.00		-	-			-	-
Totals and averages, public,	3.63	4.15		5.56	4.88			12.35	14.29
McLean Hospital, . . . . .	.90	.68		-	.26			5.41	6.06
Totals and averages, public and McLean,	3.55	3.99		5.30	4.68			12.04	13.94

TABLE 2. — *Relative to Recoveries of the Insane in Public Institutions and McLean Hospital.*

INSTITUTIONS.		Number.	PERCENTAGE OF ALL RECOVERIES OF INSANE ON —					
			COMMITMENTS.		WHOLE NUMBER OF PERSONS.		DAILY AVERAGE NUMBER.	
			1909.	Average Three Years, 1907-1909.	1909.	Average Three Years, 1907-1909.	1909.	Average Three Years, 1907-1909.
Worcester Hospital,	.	.	49	10.19	13.68	2.87	4.12	5.93
Taunton Hospital,	.	.	53	11.50	11.90	3.91	3.52	5.12
Northampton Hospital,	.	.	36	12.77	11.55	3.23	3.18	4.27
Danvers Hospital,	.	.	48	7.29	11.02	2.34	3.57	5.20
Westborough Hospital,	.	.	87	18.24	20.69	6.20	6.51	9.74
Boston Hospital,	.	.	54	16.17	10.01	4.61	3.05	4.60
Mental wards, State Infirmary,	.	.	4	5.13	4.66	.46	.53	.68
Bridgewater Hospital,	.	.	15	14.56	11.04	2.10	1.69	1.87
Other public institutions,	.	.	4	11.11	3.70	.10	.03	.04
Totals and averages, public,	.	.	350	12.03	12.36	2.51	2.70	3.39
McLean Hospital,	.	.	28	17.72	22.96	7.55	10.26	18.18
Totals and averages, public and McLean,	.	.	378	12.32	12.92	2.64	2.91	3.68

TABLE 2. — *Relative to Recoveries of the Insane in Public Institutions and McLean Hospital* — Continued.

FIRST CASES OF INSANITY.										
INSTITUTIONS.	RECOVERIES.			CURABLE CASES — GROUP A.						
	Number.	PERCENTAGE OF FIRST CASES.		Number.	PERCENTAGE OF FIRST CASES.		Number.	RECOVERIES.		
		1909.	Average Three Years, 1907-1909.		1909.	Average Five Years, 1905-1909.		Percentage of Such First Cases.	Average Five Years, 1905-1909.	
Worcester Hospital,	32	8.36	11.49	71	18.54	23.76	32	45.07	61.29	
Taunton Hospital,	41	11.61	10.26	64	18.13	20.26	32	50.00	43.80	
Northampton Hospital,	32	13.73	12.43	63	27.04	26.26	28	44.44	43.94	
Danvers Hospital,	30	5.62	9.09	110	20.60	26.57	27	24.55	40.69	
Westborough Hospital,	53	14.52	19.47	91	24.93	23.30	41	45.05	60.52	
Boston Hospital,	39	14.23	8.66	78	28.47	22.79	33	42.31	33.48	
Mental wards, State Infirmary,	2	2.74	3.11	5	6.85	11.76	2	40.00	29.65	
Bridgewater Hospital,	12	12.90	11.17	17	18.28	24.79	12	70.59	63.73	
Other public institutions,	2	6.25	2.08	-	-	-	1	-	-	
Totals and averages, public,	243	10.38	11.13	499	21.32	22.99	208	41.68	47.35	
McLean Hospital,	22	19.82	19.74	53	47.75	46.88	20	37.74	39.20	
Totals and averages, public and McLean,	265	10.81	11.53	552	22.52	24.06	228	41.30	46.35	

TABLE 2. — *Relative to Recoveries of the Insane in Public Institutions and McLean Hospital — Concluded.*

INSTITUTIONS.	FIRST CASES OF INSANITY — CON.				
	MANIC-DEPRESSIVE INSANITY.		ACUTE ALCOHOLIC INSANITY.		
	Number.	PERCENTAGE OF FIRST CASES. 1909.	Average Five Years, 1905-1909.	Number.	PERCENTAGE OF FIRST CASES. 1909. Average Five Years, 1905-1909.
Worcester Hospital,	38	9.92	10.13	22	5.74 8.48
Taunton Hospital,	39	11.05	9.59	16	4.53 6.55
Northampton Hospital,	43	18.45	16.24	16	6.87 7.47
Danvers Hospital,	50	9.36	11.55	43	8.05 10.05
Westborough Hospital,	60	16.71	11.19	19	5.21 7.03
Boston Hospital,	65	23.72	14.24	5	1.82 2.10
Mental wards, State Infirmary,	2	2.74	5.04	1	1.37 1.64
Bridgewater Hospital,	2	2.15	4.21	7	7.53 9.77
Other public institutions,	-	-	-	-	- -
Totals and averages, public,	299	12.82	10.97	129	5.51 7.01
McLean Hospital,	50	45.05	43.32	1	.90 2.40
Totals and averages, public and McLean,	349	14.28	12.34	130	5.30 6.82

TABLE 3. — *Relative to Deaths of the Insane in Public Institutions and McLean Hospital.*

INSTITUTIONS.	Number of Deaths.	PERCENTAGE OF DEATHS ON —					
		WHOLE NUMBER OF PERSONS.		DAILY AVERAGE NUMBER.		DISCHARGES AND DEATHS.	
		1909.	Average Five Years, 1904-1908.	1909.	Average Five Years, 1904-1908.	1909.	Average Five Years, 1904-1908.
The insane: —							
State hospitals: —							
Worcester,	172	10.08	8.48	14.08	12.39	47.65	38.62
Taunton,	115	8.49	8.88	11.95	13.27	40.21	38.48
Northampton,	73	6.54	7.30	8.60	10.43	39.46	36.16
Danvers,	191	9.31	9.38	13.34	13.75	60.25	40.10
Westborough,	95	6.77	8.41	10.20	12.52	29.97	35.87
Boston,	132	11.26	11.70	17.15	17.94	41.90	48.03
Totals and averages,	778	8.89	9.01	12.62	13.21	43.68	39.65
State asylums: —							
Worcester,	53	4.42	5.50	4.99	6.20	75.71	93.13
Medfield,	79	4.71	4.88	4.95	5.21	84.95	90.10
Gardner Colony,	16	2.50	1.62	2.90	2.08	72.73	43.91
Totals and averages,	148	4.23	4.74	4.61	5.28	80.00	87.88
Hospitals and asylums,	926	7.75	7.93	9.88	10.73	47.10	44.93
Miscellaneous: —							
Mental wards, State Infirmary,	96	11.07	13.60	14.09	17.37	69.06	79.74
Bridgewater Hospital,	22	3.09	3.49	3.51	4.03	28.95	33.80
Moulson Hospital,	30	7.46	5.22	8.52	6.06	76.92	63.86
Foxborough Hospital,	31	12.16	6.23	14.27	9.66	75.61	53.71
Totals and averages, public,	1,105	7.92	8.32	9.82	10.65	48.87	45.48
McLean Hospital,	32	8.63	5.92	14.87	10.28	23.02	26.74
Totals and averages, public and McLean,	1,137	7.95	8.26	9.91	10.65	47.38	44.34

TABLE 3. — *Relative to Deaths of the Insane in Public Institutions and McLean Hospital — Continued.*

INSTITUTIONS.		PERCENTAGE OF PERSONS WHO DIED AFFECTED WITH CERTAIN MENTAL DISEASES.						
	Curable Forms (Group A). ¹	Average Five Years, 1905-1909.	Senile Insanity.	Average Five Years, 1905-1909.	General Paralysis.	Average Five Years, 1905-1909.	Coarse Brain Lesions.	Average Five Years, 1905-1909.
The insane:—								
State hospitals:—								
Worcester,	5.23	10.02	27.33	26.12	21.51	25.21	12.79	11.12
Taunton,	7.83	12.16	28.70	28.96	20.00	20.83	5.20	6.89
Northampton,	4.11	8.73	43.84	43.30	16.44	13.38	6.85	8.75
Danvers,	7.85	12.40	13.61	22.67	14.14	19.60	28.80	18.03
Westborough,	6.32	6.71	26.32	31.11	12.63	19.31	13.68	11.85
Boston,	15.15	12.41	29.55	36.45	26.52	24.82	9.09	7.91
Totals and averages,	7.97	10.69	25.96	30.12	18.77	21.03	14.52	11.44
State asylums:—								
Worcester,	—	—	3.77	9.31	7.55	4.95	—	.60
Medfield,	—	—	12.50	9.67	1.27	2.89	1.27	1.78
Gardner Colony,	—	—	—	—	—	6.66	—	4.34
Totals and averages,	—	—	2.70	4.36	3.38	3.63	.68	1.81
Hospitals and asylums,								
	6.70	9.07	22.25	26.17	16.31	18.34	12.31	9.95
Miscellaneous:—								
Mental wards, State Infirmary,	—	6.30	14.58	23.41	7.29	8.20	13.54	8.11
Bridgewater Hospital,	—	1.89	—	15.94	22.73	13.81	—	5.98
Monson Hospital,	—	—	—	—	—	—	—	—
Foxborough Hospital,	—	—	45.16	13.65	9.68	7.42	—	—
Totals and averages, public,	5.61	8.34	21.18	25.07	15.02	16.80	11.49	9.33
McLean Hospital,	9.38	23.17	3.13	16.05	31.25	28.32	9.38	10.80
Totals and averages, public and McLean,	5.72	8.62	20.67	24.86	15.48	17.06	11.43	9.36

¹ See Table XI. of Appendix for forms.

TABLE 3. — *Relative to Deaths of the Insane in Public Institutions and McLean Hospital — Concluded.*

PERCENTAGE OF PERSONS WHO DIED AFFECTED WITH CERTAIN PHYSICAL DISEASES.										
INSTITUTIONS.										
Tuber- culosis.	Average Five Years, 1905-1909.	Pneumonia.	Average Five Years, 1905-1909.	Organic Cardiac Disease.	Average Five Years, 1905-1909.	Organic Renal Disease.	Average Five Years, 1905-1909.	Malignant Tumors.	Average Five Years, 1905-1909.	
The insane:—										
State hospitals:—										
Worcester,	7.56	10.06	15.70	25.27	20.93	13.28	2.33	2.47	.58	3.16
Taunton,	6.09	7.48	22.61	18.07	6.09	5.75	3.48	1.98	.87	.97
Northampton,	5.48	7.50	9.74	3.69	15.07	10.82	1.37	1.30	2.74	4.30
Danvers,	7.85	11.31	21.47	28.74	6.81	10.14	6.81	4.95	3.66	2.06
Westborough,	8.42	11.95	25.26	13.92	7.37	8.82	6.32	8.10	2.11	2.45
Boston,	8.33	10.15	9.69	15.06	21.21	10.53	3.03	1.85	2.27	1.09
Totals and averages,	7.46	9.88	16.97	19.31	13.11	10.01	4.11	3.51	2.06	2.20
State asylums:—										
Worcester,	24.53	28.84	13.21	16.75	28.30	16.07	11.32	4.51	1.89	2.60
Medfield,	16.46	20.72	2.53	2.35	31.65	22.50	3.80	1.86	—	3.38
Gardner Colony,	31.25	35.75	18.75	7.58	31.25	21.25	6.25	3.91	—	5.84
Totals and averages,	20.95	24.74	8.11	8.41	30.41	20.26	6.76	3.06	.68	3.33
Hospitals and asylums,										
	9.61	12.11	15.55	17.62	15.87	11.62	4.54	3.44	1.84	2.37
Miscellaneous:—										
Mental wards, State Infirmary,	19.79	24.89	10.42	8.36	17.71	24.89	4.17	1.23	1.04	1.04
Bridgewater Hospital,	13.64	25.46	9.09	5.44	9.09	7.19	4.55	4.55	—	4.01
Monson Hospital,	20.00	13.32	6.67	8.30	13.33	4.97	—	—	—	—
Foxborough Hospital,	9.68	6.74	6.45	6.76	3.23	6.11	9.68	4.34	—	.80
Totals and averages, public,	10.86	13.59	14.48	16.14	15.48	12.71	4.52	3.21	1.63	2.19
McLean Hospital,	—	2.00	6.25	6.93	15.63	4.13	—	5.26	—	1.75
Totals and averages, public and McLean,	10.55	13.34	14.25	15.99	15.48	12.54	4.40	3.27	1.58	2.18

THE FEEBLE-MINDED.

THE WHOLE NUMBER OF THE FEEBLE-MINDED

under care Oct. 1, 1909, was 1,732, being 1 feeble-minded person to every 1,881 of the estimated population of the State. There were enumerated in the State census of 1905, 2,778 feeble-minded persons, of whom 1,287 were living in the community. This figure is probably far below the actual number, if it were possible to make an accurate enumeration.

The feeble-minded appear under care in institutions and almshouses, and under private care in private institutions. Their number and increase in these locations for the year and the last five years are shown as follows:—

	NUMBER OCT. 1, 1909.			INCREASE OVER PREVIOUS YEARS.					Average Increase, Five Years.
	Males.	Females.	Totals.	1909.	1908.	1907.	1906.	1905.	
School for the Feeble-minded at Waltham,	814	587	1,401 ¹	118	65	98	92	181	111
Wrentham School,	42	-	42	7 ²	39	10	-	-	8
Hospital Cottages for Children, .	5	10	15	1 ²	1 ²	-	2	2 ²	-
Almshouses,	120	96	216	23	7	5 ²	35 ²	1 ²	2 ²
Total, public,	981	693	1,674	133	110	103	59	178	117
Elm Hill,	45	13	58	-	2 ²	1	3 ²	1 ²	1 ²
Total, public and private, .	1,026	706	1,732	133	108	104	56	177	116

¹ Includes patients on visit, etc.

² Decrease.

THE INCREASE OF THE FEEBLE-MINDED

under care for the year was 133, compared with 108 the previous year, and 116, the average the last five years.

The number of nonresident feeble-minded was 83, compared with 102 the previous year. Of these, 41 were patients in private institutions; 42, private patients in State institutions.

It is the policy of the State to receive feeble-minded persons from other States only when there is no school for the feeble-minded in such States, and then only in urgent cases. The nonresident patients are paid for at a rate which fully compensates the State for the cost of their maintenance.

The increase of the feeble-minded under public care was 133, compared with 110 the previous year, and 117, the average the last five years.

The increase of the feeble-minded in public institutions was 110, compared with 104 the previous year, and 119, the average the last five years.

The increase of the feeble-minded in public institutions is in no sense an index of the increase of feeble-mindedness in the State. It is directly dependent upon the extent of public provision, inasmuch as there are hundreds of such children in urgent need of care who are now living in their homes and elsewhere in the community, but would appear in institutions if adequate accommodation were available for them. Their apparent rapid increase in recent years is due to the policy which the State has pursued of late, and still has need to continue, — of progressively extending provision for this class. Public provision for the feeble-minded has more than doubled during the last seven years.

The State should add on the average 100 beds a year as the minimum requirement for such persons.

THE EPILEPTIC.

THE WHOLE NUMBER OF THE EPILEPTIC

under care Oct. 1, 1909, was 1,275, being 1 epileptic to every 2,556 of the estimated population of the State. There were enumerated in the State census of 1905, 2,140 epileptics, of whom 1,016 were living in the community. This figure is probably far below the actual number if an accurate enumeration could be made.

The epileptic appear under public care in the Monson State Hospital, the State hospitals and asylums, and other public institutions, and under private care in private institutions. Details will be found under the Monson State Hospital and in Table IX. of the Appendix.

Their number and increase in these locations for the year and for the last five years are shown as follows: —

	NUMBER OCT. 1, 1909.			INCREASE OVER PREVIOUS YEARS.					Average Increase, Five Years.
	Males.	Females.	Totals.	1909.	1908.	1907.	1906.	1905.	
Monson Hospital,	368	327	695	8	117	39	10	62	47
State hospitals and asylums, . .	275	166	441	45	14	1	23	34	23
Other public institutions, . . .	79	46	125	22	55 ¹	41	12 ¹	36 ¹	17 ¹
Total, public,	722	539	1,261	75	76	36	21	60	53
Private institutions,	6	8	14	2	2 ¹	2	1 ¹	1	1
Total, public and private, . .	728	547	1,275	77	74	38	20	61	54

¹ Decrease.

In addition, the overseers of the poor report (March 31, 1909) 16 epileptics in city and town almshouses.

THE INCREASE OF THE EPILEPTIC

under care for the year was 77, compared with 74 the previous year, and 54, the average the last five years.

The increase of the epileptic under public care was 75, compared with 76 the previous year, and 53, the average the last five years.

The increase of the epileptic under private care was 2, compared with a decrease of 2 the previous year.

The increase of the epileptic under public care, like that of the feeble-minded, does not represent the rate of increase in the frequency of occurrence of epilepsy. They are coming under public supervision in greater numbers, probably because of the establishment of a special hospital for them.

It would be wise to continue the recent policy of progressive enlargement of accommodation for this class, especially for children. The experience of the Hospital Cottages for Children, where the average age at admission is about ten years, shows that about 1 in 10 recovers or ceases to have epileptic seizures for a considerable period, whereas adult epileptics have rarely recovered after their admission to the Monson State Hospital.

THE INEBRIATES.

THE WHOLE NUMBER OF INEBRIATES

under hospital care Oct. 1, 1909, was 126, being 1 inebriate to every 25,860 of the estimated population of the State. This number comprises only a very small fraction of the whole number of inebriates, there being some 20,000 commitments annually to penal institutions, and some 7,000 persons committed for the first time.

It is the intention to exclude from hospital care criminal inebriates and those who are not of good character and reputation, apart from habits of inebriety.

The State provides a special hospital for the treatment of male inebriates, but women are excluded therefrom, and continue to be committed as inebriates to State hospitals for the insane. The private institutions receive only a few such patients.

Their number and distribution in these locations Oct. 1, 1909, are shown as follows:—

	NUMBER OCT. 1, 1909.			DECREASE OVER PREVIOUS YEARS.					Average Decrease, Five Years.
	Males.	Females.	Totals.	1909.	1908.	1907.	1906.	1905.	
Foxborough Hospital, . . .	92	-	92	5 ¹	3	19	44	6	13
State hospitals, . . .	-	30	30	6 ¹	9 ¹	7	7 ¹	5	2 ¹
Total, public, . . .	92	30	122	11 ¹	6 ¹	26	37	11	11
Private institutions, . . .	4	-	4	-	2 ¹	3	3 ¹	-	-
Total, public and private, .	96	30	126	11 ¹	8 ¹	29	34	11	11

¹ Increase.

THE INCREASE OF THE INEBRIATES

under hospital care was 11, compared with an increase of 8 the previous year, and an average decrease of 11 the last five years.

The increase of the inebriates under public care was 11, compared with an increase of 6 the previous year, and an average decrease of 11 the last five years.

The number under private care shows little variation.

The effort to eliminate the criminal and unsuitable class of

inebriates from hospital care accounts largely for the decrease in their number in recent years.

Further details in regard to inebriates will be found under Foxborough State Hospital and in Table IX. of the Appendix.

THE REVISED LAWS.

On the first day of July, 1909, the revised laws (chapter 504, Acts of 1909) relating to insane, feeble-minded and epileptic persons, and to persons addicted to the intemperate use of narcotics or stimulants, went into force.

The period during which these laws have been in force is perhaps too short to justify definite conclusions. On the whole, they appear to be filling the public need more fully and satisfactorily than the former laws, and the commission is to be congratulated on the thoroughness of its work. Some minor changes will doubtless prove desirable, when sufficient time has elapsed to demonstrate more clearly where such changes are indicated.

The requirement making it obligatory to notify the Board before the appointment or discharge of a guardian, or the granting to a guardian of license to sell, has already proved valuable. The ability of a guardian to make payment has thereby come to the knowledge of the Board, and the legitimate collections for the support of patients have been materially increased. As this law continues in operation, its good results will be more apparent.

The law permitting the commitment of persons for temporary care has twice been taken advantage of, and under the law providing for commitments for observation five persons have been sent to hospitals for definite limited periods.

The operation of section 77, relating to the discharge of inmates by the State Board in the case of dangerous patients, has resulted in the informal reference of several doubtful cases to the Board for decision. As such reference is not the purpose of the law except when the superintendent has already decided on the recovery or desirability of discharge, these cases have been referred back to the institution without action by the Board. Up to November 30, two cases under this section came formally before the Board.

REPORT OF THE PATHOLOGIST.

To the State Board of Insanity.

As pathologist to the Board of Insanity, I wish to present hereby a report of my work from May 1 to Nov. 30, 1909.

The duties of the pathologist to the Board, as defined by the terms of my appointment, May 1, 1909, consist of (1) supervision of the clinical, pathological and research work in the various institutions under the Board's general supervision; (2) visits to the institutions from time to time; and (3) reports to the Board, comprising conditions observed and such recommendations as result therefrom.

Although in a broad sense supervisor of the psychiatric and hygienic work of the institutions, the pathologist to the Board derives all his powers from the Board, and has the right of investigation but no direct control of the medical work of the institutions.

The observations and recommendations of this report are based upon 38 visits to the various institutions, and upon numerous conferences and much correspondence with members of the several medical staffs. The courtesy of all the State officers has greatly facilitated my work. To the special considerations, abstracted from various reports to your Board, I have added a brief sketch of the status of medical practice and the problems of medical research in the institutions as I have found them.

THE SCOPE OF THE PATHOLOGIST'S WORK

is limited by the existing lack of a laboratory in which problems could be personally attacked and supervised, and by the lack of special recording facilities, which the comparison of data from the different institutions and the successful coping with heredity problems will soon require. No inconvenience has been felt this year, however, since existing laboratories and clerical service have been placed at my disposal and have sufficed for immediate needs. It is expected that the establishment of these facilities in connection with the psychopathic hospital, as contemplated in the special report to the Legislature by the Board of Insanity, May 1, 1908, will remove all obstacles to the proper supervision and correlation of work in progress, and will supplement and unify the work of the institutions.

THE WORK OF THE INSTITUTIONS

consists of the immediate care and treatment of individual patients, the immediate laboratory and other diagnostic tests in connection with the patients, and the special researches which arise therefrom. Our problems, therefore, all arise in the institutions, and the solutions of the problems are all applicable to

THE INDIVIDUAL PATIENT.

The individual patient is, in fact, the special problem of each assistant physician in the institutions. The diagnosis and classification of the individual patient are the first problems, and the care and treatment follow on lines dictated by the diagnosis. We must, therefore, use every means to

IMPROVE THE DIAGNOSTIC SKILL OF THE STATE'S PHYSICIANS.

I have consequently considered it my first duty to discover the means of diagnostic improvement in our hospitals. To this end, I had in 1908, with the co-operation of Dr. H. W. Mitchell, formerly senior assistant physician at Danvers hospital, carried out an investigation of the results of diagnosis in the difficult age period, fifty to seventy, at which ages the importance of *not* rendering a diagnosis of hopeless organic disease is great. It was then proved that neither wasting of the brain substance nor damage done by diseased blood vessels is responsible for the mental disease in a good proportion of cases. Many of these cases are consequently just old persons, with relatively intact nervous systems, who have almost the same chance of recovery as persons attacked earlier in life. This fact will secure greater therapeutic attention for certain cases hitherto dubbed hopeless senile demented. Since

ERRORS IN THE DIAGNOSIS OF ORGANIC NERVOUS DISEASE

obviously misdirect our therapeutics, I then proceeded to study all the senile demented which had come to autopsy in a period of years at Danvers hospital; and Dr. C. G. McGaffin analyzed the Taunton hospital cases. Similar results were obtained in both institutions. At Danvers my comparative studies showed that only 38 per cent. of those patients who received the diagnosis senile dementia actually proved to have cerebral atrophy, and that but 48 per cent. of them showed injuries to the brain cortex as a result of blood vessel disease; 34 per cent., in fact, showed little or no appreciable brain changes of what might be termed a "hopeless" character. This work has definitely shown that, though the majority of the insane of advanced age are "hopelessly" insane, an important minority has the same chance as have younger cases, shaded a trifle by the capacities of old age itself. It is this minority (perhaps 1 case in 3) which we must learn to differentiate properly during life.

ERRORS IN THE DIAGNOSIS OF GENERAL PARESIS

are peculiarly unfortunate, as this diagnosis means that the assistant physician turns his best therapeutic attentions to other more hopeful cases. I have compared the Danvers diagnosis of general paresis (depending on the compound opinions of the whole staff as registered at the daily conferences) with the eventual results, and have learned

that, on a strict analysis, we obtained 85 per cent. accuracy; and even over 90 per cent. accuracy where the diagnosis of closely allied conditions was counted as correct. Still, if even 1 patient in 10 is erroneously given such a diagnosis as that of general paresis, vigilance is warranted. I believe that our

STANDARDS OF DIAGNOSIS

are already high for the mass of patients, and difficult to improve under our conditions of overcrowding, occasional massive transfers and frequent undermanning of medical and nursing staffs. It is, however, necessary to discover our errors and frankly face them. Plans are already afoot for

CO-OPERATIVE WORK IN THE INSTITUTIONS,

utilizing accumulated clinical records, autopsy records, asylum transfer records, the previous histories as found at times in general hospital records, and all other available data for the purpose. As an instance of such work, I may mention some work undertaken in the Children's Hospital (Boston) records by Dr. W. P. Lucas of that hospital staff and myself in connection with epilepsy. The full medical histories of certain cases of epilepsy developing in or after the acute brain inflammation known as encephalitis are now available. Both in the field of epilepsy and in that of feeble-mindedness, to say nothing of insanity, much good will accrue from the utilization of existing records and from tapping extraneous sources of information. The present clerical forces of the institutions are fortunately quite ample for such purposes. Only

THE FIELD OF HEREDITY

may require, for its proper investigation, a specially detailed clerk, or, preferably, a person trained for social service. The heredity problem is again a diagnostic and especially a prognostic problem.

The direction of our therapeutic energy is so largely a matter of our hope of results, that special individualized treatment is secured for a patient in our busy services only where our prognostic insight warrants such treatment. What might be termed supercustodial treatment is very properly the exception. We adequately maintain the hygiene, the nutrition, the comfort, of all our patients; that is the theory, and, so far as I can observe, with rare exceptions, the practice of our institutions. These exceptions are rarely due to any other cause than inadequate knowledge of the patient's history.

MORE THOROUGH MEDICAL HISTORIES

are largely a matter of organization of medical work in the institutions, and rarely require more clerical aid than is at hand. Medical histories of a supercustodial standard are accessible in many of our hospitals. For example, the class of patients at McLean Hospital

and high ideals of psychiatric diagnosis have long permitted good records, which are abetted by nurses' full notes. At Worcester hospital, Dr. T. A. Hoch was able, in 1909, to make a statistical point of some importance by going over the records of manic-depressive cases. The records were full enough to show evidence of physical disorder accompanying the first attacks in a good proportion of these cases. The second attacks showed fewer accompaniments with physical disorder, and subsequent attacks progressively fewer. The beginning of a novel conception of this disease was thus made out. Suppose this to be substantiated by time, and it is obvious that special hygienic and nutritional precautions will be peculiarly applicable to the first attacks. It is here that the province of the psychopathic hospital and its methods will particularly lie.

The institutions, then, deriving their problems from the individual patient, and applying the solutions to the individual patient, can, by

CO-ORDINATION OF EFFORT, —

actually a redistribution rather than an increase of effort, — become a kind of prognostic machine, by which we can proceed from the individual patient to the next similar case, and learn how to apportion our special and individualized treatment. One of the necessary elements in this prognostic mechanism is

THE UTILIZATION OF ASYLUM MATERIAL

as the best prognostic supplement to the material accumulated in the hospitals. I have noticed with concern that the asylums do not always obtain properly complete histories of their patients at transfer. This is a condition which can be readily remedied, and comes from the assistant hospital physician's idea that it is perhaps a wasteful expenditure of energy to write out fully the histories of

INCURABLE OR CUSTODIAL PATIENTS,

especially if they already exist in the State's records. Hence, the physician may never hear again of the fate of a patient on whom he has spent considerable time.

IMPROVEMENTS IN CLASSIFICATION

are carried only to a certain point by the co-ordination of effort, investigation of case-groups on established lines and general pulling together of loose ends. Beyond this point improvements in classification are brought about by actual

ADVANCES IN KNOWLEDGE OF THE CAUSES OF INSANITY.

To these advances a number of our institutions have always contributed, since Massachusetts has always enjoyed and attracted men of individuality. Perhaps this individuality of our workers has led

to some short-lived arrangements; and, particularly in the laboratories, there have been occasional long interregna in which advances have ceased. With respect to laboratories, the experience of our own as well as that of the general hospitals demonstrates that the most effective and lasting upgrowth of scientific spirit means building up

THE LABORATORY ABOUT A HYGIENIC NUCLEUS.

In the first place, our patients require, for humanitarian and economic reasons, the best hygienic care, — care which nowadays indisputably calls for laboratory devices. By the routine performance of laboratory tests, which answer questions relating to the individual patient, and react on all the patients of an institution, the laboratory staff acquires the confidence of the ward staff, and the problems of each become the problems of the other. Thus, during the supervision of

EPIDEMIOLOGICAL WORK

at Danvers hospital, on bacillary dysentery, I noticed a progressive drawing-together of the laboratory and ward staffs. Besides the epidemiological results, which depend largely on

RECORDING WHAT HAD HITHERTO REMAINED UNRECORDED,

the institutions actually obtain increased knowledge of their patients. During epidemic or endemic conditions, it was formerly the case that a tremendous amount of work with individual patients was done (though little recorded), and that psychiatric work was reduced to the barest necessities. Nowadays, with the foresight obtained from proper co-ordination, and the results of laboratory tests, even a diphtheria epidemic may not signify the stoppage of all efforts to classify patients accurately, and to accord to appropriate patients their individualized treatment. Moreover, the laboratory apparatus and recording facilities sufficient for hygienic work and the ordinary tests of general medicine make, with relatively inexpensive additions, an effective

LABORATORY FOR PSYCHIATRIC WORK.

Only central institutions can profitably undertake co-ordinated investigations into several related fields; and even in a psychopathic hospital center the emphasis must rest somewhere. Fortunately, the institutional laboratories have developed, and are developing, their own special lines of work, derived from special lines of cases or special conditions. These laboratories acquire, as needs dictate, special apparatus for special work, and by a

SYSTEM OF INTERCHANGE OF MATERIAL,

which is now being developed, the different institutions can profitably pool the special issues where they will secure the most expert attention. Thus, during 1909, Dr. A. E. Taft, research officer of the Monson

State Hospital, has been able to secure from Danvers, Worcester, Westborough and Taunton hospitals, material of service in learning the relations of epilepsy to certain major organs of the body. Danvers hospital has been able to provide Dr. M. E. Morse, who has been occupied for the Boston State Hospital with the classification of diphtheroid bacilli, in connection with certain claims for their importance in general paresis, with a large number of cultures obtained through a diphtheria epidemic. Brains showing particular lesions, which have been studied particularly by some pathological anatomist, are readily exchanged among the institutions for the benefit of the man who can work up the material most profitably.

THE VARIOUS INSTITUTIONS

have already developed special lines of work which should be aided by this interchange of material and records.

Worcester Hospital,

subsequent to the period covered by this report, will obtain the services of a pathologist, Dr. S. T. Orton, Jr., who will be able to maintain the Worcester standards, particularly by topographical cortex work in different conditions. For the present, one problem is to be the effects of hydrocephalus and kindred processes. This work should react favorably upon the difficult field of brain conditions in defectives, so important for improvements in diagnosis.

Taunton Hospital

is engaged, on the scientific side, largely for the present on diagnostic problems based on accumulated material. Technical aid will permit the pathologist, Dr. C. G. McGaffin, to work beyond these problems, and plans are in progress for work upon alcoholism.

Danvers Hospital

has for some years been very active on its laboratory side. Dr. H. M. Adler, who succeeded the writer as pathologist, is an internist by training, who has begun work on chemical and kindred lines, attempting to bring the laboratory into direct relation with the wards. A small ward has been placed under his charge for the investigation of special cases. The recording system, use of the phonograph system and elaborate clinical and laboratory cross-indices of material, as developed at Danvers hospital, are noteworthy.

Westborough Hospital

is continuing the aphasia work and special neurofibril work, which the pathologist, Dr. S. C. Fuller, has had under way for some time. Special

attention is paid at Westborough to the correlation of clinical and autopsy work. Recently the possibilities of the work have been greatly extended by the establishment of regular technical aid for the pathologist.

Monson Hospital

is carrying on special work in Brown-Séquard's experimental epilepsy, in the histopathology of epileptic subjects and in the analysis of accumulated material. The photographic and biograph work at this institution is noteworthy. The work in progress gets before the local medical public in annual formal clinics.

Other Hospitals

are proceeding on lines amply described in hospital reports of previous years. The important psychological work at McLean Hospital has been maintained by Dr. F. Lyman Wells.

PSYCHOPATHOLOGICAL WORK

has not yet been carried over into the institutional field to the extent which it deserves. Nevertheless, the new work on the psychic origin of certain mental disorders is every day emphasizing the value of intensive history-taking. The startling results obtained by certain neurologists with Freud's and similar psychoanalytic methods are difficult to interpret, but form a weighty argument for individualized treatment of certain select cases.

THE WORK OF THE PATHOLOGIST DURING 1909,

besides the co-ordinative work, and the researches, mentioned above, into the cases for error in diagnosis, has consisted in correlating the results of the bacteriological and histological work which he had carried on and supervised during a service at the Danvers hospital. The results have consisted in the observation of certain bacteria in connection with exhaustive states, an attempt to show the bacterial and toxic origin of the so-called "soft brain" found in certain cases, and in an analysis of accumulated dementia præcox brain material, in which a high proportion of anomalies and minor acquired lesions have been found and accorded a conservative interpretation until fresh light appears.

CO-OPERATION WITH THE PATHOLOGIST

in all his plans has been the rule throughout the institutions. Variety of problems, variety of methods, variety in points of view, have been encouraged everywhere, since variety of research is as all-important for our medical progress as uniformity is desirable in the economic field. Nevertheless, a certain unity of aim is beginning to show through the investigations of our institutions. One thing is certain, viz., that

PATHOLOGY IS NO LONGER PATHOLOGICAL ANATOMY.

Grasp of anatomical problems and capacity to understand their bearings are still indispensable for the pathologist; but the tendency all along the line is toward the development of new pathological fields. Among these fields of pathology, regarded as the science of disease, are clinical pathology, chemical pathology, serum pathology, bacteriology (on its medical side), experimental pathology, pathological physiology, psychopathology, etc. The older distinction of the pathologist as pathological anatomist has quite lost force. Especially has

CLINICAL WORK BECOME RESEARCH

for all those who look beyond the individual patient. Not to see the woods for the trees, not to observe disease principles in the rush of individual patients, is the fallacy of the average assistant physician in our institutions. The quickest way out of this fallacy is the

INVESTIGATION OF STATISTICAL PROBLEMS,

involving groups of patients. Even the annual reports, which cause misgivings in certain minds, are effective means for pulling the assistant physician out of his routine. Staff conferences, with careful records of individual opinion, with emphasis of the differences in opinion, form another effective device.

HEREDITY WORK

deserves particular study. Monson hospital has even sent out its officers to the homes of certain patients to get more accurate data concerning family trees of epileptics. This difficult intensive work may need later the services of some one trained for social service; but the results will be of the greatest value from the standpoint of eugenics, in showing the public convincing evidence of the effects of mismating. Francis Galton's Eugenics Laboratory, so called, in London, has taken a lead, in its "Treasury of Human Inheritance," which should be followed on all hands. The "Treasury's" data are presented quite without interpretation, as ours may well be for a time. Goddard's interesting "Department of Research," at the Vineland, N. J., institution, has been devoted to the problem of feeble-mindedness. We should aid this branch of work by following out certain families having living or dead representatives in our institutions, and, relying so far as practicable on medical data rather than hearsay, we should be able to secure a mass of wholly convincing data. The collection of such data has already begun from the office of the Board of Insanity, which seems to be particularly fitted to gather the data scattered sometimes in four or five institutions. Not one type, but several types of inheritance may

perhaps be proved to exist by this work, for which the times are ripe on account of our increased knowledge as to causes of certain types of mental disease. These data will be of particular service in securing a proper and scientifically well-based attitude to laws now being operated or proposed in certain States to lessen the birth-rate of defectives.

Respectfully submitted,

E. E. SOUTHARD,
Pathologist.

RESTRAINT AND SECLUSION.

The matter of restraint and seclusion of patients has received much attention. The Danvers and Northampton hospitals have not resorted to the use of mechanical restraint for some years, and the amount in use at the other institutions has been steadily diminishing. In order to emphasize the great importance of resourceful effort in reducing it to a minimum, and eventually abolishing it altogether, the Board has, since April, 1909, had monthly reports from the superintendents of the number of patients in restraint and seclusion, the length of time such was continued, the kind of restraint employed and by whom it was ordered.

While it is yet too early to draw valuable deductions from a study of these reports, it appears that the number of persons in restraint and seclusion in all the institutions under the supervision of the Board was, in the month of October, 45 per cent. less than in the month of April, and that each month has shown a progressive decrease in the number of these cases.

THE STABILITY OF SERVICE

in the institutions averages about the same as the previous year. There were 2.26 rotations of all employees, compared with 2.1 rotations the previous year; 2.55 in the nursing staff, the same as the previous year. The maximum stability for the whole service was at the Northampton hospital, where there were only 1.91 rotations; and for the nursing staff, at the Medfield asylum, where there were 2.08 rotations. The maximum instability was again at the Worcester asylum, where the whole corps

of employees averaged to rotate 3.01 times, compared with 3.44 times the previous year, while the nursing staff averaged to rotate 3.65 times, compared with 4.29 times the previous year.

The average length of the interval between rotations of all employees was 5.33 months; of all nurses, 4.76 months; men nurses, 3.88 months; women nurses, 5.68 months.

The average shortage of employees was 7 per cent., the same as the previous year.

Rotation in Service of Persons employed in Institutions during the Fiscal Year ending Nov. 30, 1909.

INSTITUTIONS.	WARD SERVICE.				TOTALS.				WHOLE SERVICE.		
	MEN.		WOMEN.		Average Number of Nurses.	Number Different Persons.	Ro-tations.	Average Number of Nurses.	Number Different Persons.	Ro-tations.	Average Number of All Employees.
	Average Number of Nurses.	Number Different Persons.	Ro-tations.	Number Different Persons.							
The insane:—											
State hospitals:—											
Worcester,	61	153	2.51	159	74	2.15	185	312	2.31	2.11	270
Taunton,	58	200	3.45	158	69	2.29	127	358	2.82	2.21	243
Northampton,	35	90	2.57	78	33	2.36	68	168	2.47	1.91	142
Danvers,	55	165	3.00	178	72	2.47	127	343	2.70	2.29	251
Westborough,	57	168	2.95	165	95	1.74	152	333	2.19	2.13	279
Boston,	32	138	4.31	115	60	1.92	92	253	2.75	2.22	174
Totals,	298	914	3.07	853	403	2.12	701	1,767	2.52	2.16	1,359
State asylums:—											
Worcester,	57	255	4.47	165	58	2.84	115	420	3.65	3.01	256
Medfield,	61	156	2.56	130	105	1.81	166	346	2.08	2.18	337
Gardner Colony,	30	118	3.93	34	16	2.12	46	152	3.30	2.49	94
Totals,	148	529	3.57	339	179	2.17	327	918	2.81	2.53	687
Hospitals and asylums,	446	1,443	3.23	1,242	582	2.13	1,028	2,685	2.61	2.29	2,046
Miscellaneous:—											
Monson Hospital,	42	117	2.78	71	35	2.03	77	188	2.44	2.31	159
Foxborough Hospital,	21	49	2.33	—	—	—	21	49	2.33	1.92	75
School for the Feeble-minded at Waltham,	24	69	2.87	268	124	2.16	148	337	2.28	2.11	244
Totals,	87	235	2.70	339	159	2.13	246	574	2.33	2.15	478
Aggregates,	533	1,678	3.14	1,581	741	2.13	1,274	3,259	2.55	2.26	2,524

THE CAPACITY FOR PATIENTS

in all the institutions Dec. 1, 1909, was 13,149, compared with 12,688 the previous year, an increase of 461 beds. The whole number of patients in them was 13,399, compared with 12,849 the previous year, an increase of 550. Hence there is a deficiency of provision for 250 patients, or 1.90 per cent. This is 205 beds below the actual deficiency, owing to the fact that the Wrentham State School is about to be opened, but its 205 empty beds have been counted as occupied in the preceding statement.

THE CAPACITY FOR THE INSANE

in State institutions Dec. 1, 1909, was 10,765, an increase of 191 beds. The whole number of patients in them was 11,229, compared with 10,692 the previous year, an increase of 537. Hence there is a deficiency of provision for 464 patients, or 4.31 per cent.

Work was in progress at the close of the year or appropriations had been granted for 316 new beds for the insane, 120 beds for the feeble-minded, 150 for the epileptic, — a total of 580 prospective beds, compared with 345 the previous year. Of these, 60 will become available for the insane the coming year, and all of those for the feeble-minded and epileptic.

Working Capacities of Institutions.

INSTITUTIONS.	WORKING CAPACITIES, 1910.				
	MEN.		WOMEN.		TOTALS.
	Dec. 1, 1900.	Increase for the Year.	Dec. 1, 1909.	Increase for the Year.	Dec. 1, 1909.
The insane:—					
State hospitals:—					
Worcester,	646	—	659	69	1,305
Taunton,	504	—	420	—	924
Northampton,	426	1 1	392	—	818
Danvers,	584	—	776	14 1	1,360
Westborough,	402	41	579	8	981
Boston,	290	20 1	454	—	744
Totals,	2,852	20	3,280	63	6,132
State asylums:—					
Worcester,	487	7 1	503	55	990
Medfield,	637	—	901	—	1,538
Gardner Colony,	391	35	184	13	575
Totals,	1,515	28	1,588	68	3,103
Hospitals and asylums,	4,367	48	4,868	131	9,235
Mental wards, State Infirmary,	177	—	495	13	672
Bridgewater Hospital,	662	—	—	—	662
Foxborough Hospital (insane),	196	1 1	—	—	196
Totals,	1,035	1 1	495	13	1,530
Total insane,	5,402	47	5,863	144	10,765
Miscellaneous:—					
Monson Hospital,	353	—	346	—	699
Foxborough Hospital (incubate),	103	—	—	—	103
School for the Feeble-minded at Waltham,	796	35	536	35	1,332
Wrentham School,	150	100	100	100	250
Totals,	1,402	135	982	135	2,384
Aggregates,	6,804	182	6,345	279	13,149

1 Decrease.

Working Capacities of Institutions — Concluded.

INSTITUTIONS.	NUMBER OF PATIENTS Dec. 1, 1909.			Increase for the Year.	EXCESS OF PATIENTS.			
	Men.	Women.	Totals.		Number of Men.	Number of Women.	TOTALS.	
							Number.	Percentage.
The insane:— State hospitals:— Worcester, Taunton, Northampton, Danvers, Westborough, Boston, Totals,	663 517 455 585 382 329 2,961	629 462 421 819 630 454 3,415	1,292 1,009 876 1,404 1,012 783 6,376	56 79 44 21 96 35 331	17 43 29 1 20 1 39 109	30 1 42 29 43 51 — 135	13 1 85 58 44 31 39 244	1.00 1 9.20 7.69 3.24 3.16 5.34 3.98
State asylums:— Worcester, Medfield, Gardner Colony, Totals, Hospitals and asylums,	534 627 382 1,543 4,504	623 941 193 1,757 5,172	1,157 1,568 575 3,300 9,676	136 43 2 39 132 463	47 10 1 9 1 28 137	120 40 9 169 304	167 30 — 197 441	16.87 1.95 — 6.35 4.78
Mental wards, State Infirmary, Bridgewater Hospital, Foxborough Hospital (insane), Totals, Total insane,	194 648 204 1,046 5,550	507 — — 507 5,679	701 648 204 1,553 11,229	45 30 1 2 74 537	17 14 1 8 11 148	12 — — 12 316	29 14 1 8 23 464	4.32 2.11 1 4.08 1.50 4.31
Miscellaneous:— Monson Hospital, Foxborough Hospital (inebriate), School for the Feeble-minded at Waltham, Wrentham School, Totals, Aggregates,	368 97 770 45 1,280 6,830	333 — 557 — 890 6,569	701 97 1,327 45 2,170 13,399	1 2 2 16 4 2 13 550	15 6 1 26 1 105 1 122 1 26	13 1 — 21 100 1 92 1 224	2 6 1 5 1 205 1 214 1 250	.29 5.83 1 .38 1 82.00 1 8.98 1 1.90

1 Deficiency of patients.

2 Decrease.

PUBLIC INSTITUTIONS.

WORCESTER STATE HOSPITAL.

Opened in January, 1833. Present capacity, 1,305; increase for the year, 69.

Valuation of plant, per capita of capacity, \$1,615; real estate, \$1,442; personal, \$173.

Daily average number of patients, 1,232; increase for the year, 43.

Number Oct. 1, 1909, 1,285.

All commitments, 495; decrease for the year, 22.

Commitments as insane, 481; decrease for the year, 26.

First cases of insanity, 383; 79.63 per cent.

Voluntary admissions, 1.

Emergency commitments, 12.

Commitments as inebriate, 14 women.

First Cases of Insanity.

Native-born patients, 55.15 per cent.; mothers, 33.90 per cent.; fathers, 31.16 per cent.

Age sixty years or over, 21.37 per cent.

Resident in cities or large towns, 81.20 per cent.; country districts, 18.80 per cent.

Previous duration of insanity, under six months, 44.92 per cent.

Curable forms of insanity, 18.54 per cent.

Causes: congenital, 13.58 per cent.; hereditary, 21.41 per cent.; alcoholic, 21.41 per cent.; senility, 14.36 per cent.; coarse brain lesions, 6.53 per cent.; syphilis, 4.96 per cent. (Compare with Table 1.)

Recoveries of the Insane.

Whole number, 49; 10.19 per cent. of commitments.

Recoveries of first cases of insanity, 32; 8.36 per cent. of first cases.

Recoveries in curable group A, 32; 45.07 per cent. of such curable cases. (Compare with Table 2.)

Deaths of the Insane.

Whole number, 172; 10.03 per cent. of whole number of persons treated.

Curable forms of mental disease present in 5.23 per cent.; tuberculosis in 7.56 per cent.; senile insanity in 27.33 per cent.; general paralysis in 21.51 per cent.; coarse brain lesions in 12.79 per cent. (Compare with Table 3.)

Finances.

Expenditures from maintenance funds, \$296,745; total receipts, \$69,995; being \$43,825 from private patients, \$16,784 from reimbursing patients, \$5,396 from other sources. (Compare with tables V. and VI. of the Appendix.)

Weekly per capita cost of maintenance computed on net expenses, \$4.54; the same less repairs and improvements, \$4.

Weekly per capita cost of whole service, \$1.67; ward service, \$0.62.

One person employed for every 4.59 patients; 1 nurse for every 9.22 patients.

Average monthly wage for all persons employed, \$33.28; for nurses, \$24.61; men, \$26.97; women, \$22.66. (Compare with Table VIII. of the Appendix.)

Extract from Superintendent's Annual Report.

During the year the general health of both patients and employees has been good. One patient and several nurses had a mild attack of diphtheria, but no serious epidemic followed.

The training school is in a prosperous condition. Thirteen nurses will be graduated in December, and there are 45 nurses in the junior class. Most of our last year's graduates are taking post-graduate work in other hospitals. One graduate has returned to the institution after taking a post-graduate course in a general hospital, and is acting as supervisor.

We have completed during the year a new ward for women, designed for recent and acute cases and for those of our patients who need special care and oversight.

Plans for a ward on the men's side of the house, similar to that just completed for our women, have been prepared and submitted to the Board of Insanity, and have received their approval. It is proposed to locate this building at the end of the Salisbury wards, and as the hill here slopes away rapidly, the building will of necessity be four instead of three stories high. In the first or basement story it is designed to fit up two dining rooms, — a congregate dining room for our Salisbury ward patients, and a dining room for our male attendants, the need of both of which has long been felt.

Our male attendants are now obliged to eat upon the ward with their patients, an arrangement which is obviously neither for the good of the attendant nor the patient. The latter fails to get the attention he should have at meal time, while the former, aside from the many other disadvantages which such an arrangement entails, finds his hours on duty unduly lengthened thereby. We have long recognized these unsatisfactory conditions, but have hitherto been unable to rectify them on account of our inability to find any place in the present buildings where we could conveniently and satisfactorily provide a dining room for the male attendants.

The alterations in our coal pocket, designed to provide a bath house for patients, a gymnasium and additional work rooms, are nearly completed. Three years have elapsed since we asked for and were granted an appropriation for this work, and it may seem that there has been an unwarranted delay in carrying it on and completing it; but the work has been done almost entirely by patients, and has been purposely held back as it furnished an opportunity for providing patients employment when they could not be employed out of doors.

TAUNTON STATE HOSPITAL.

Opened in April, 1854. Present capacity, 924.

Valuation of plant, per capita of capacity, \$887; real estate, \$717; personal, \$170.

Daily average number of patients, 967; increase for the year, 34.

Number Oct. 1, 1909, 995.

All commitments, 464; increase for the year, 27.

Commitments as insane, 461; increase for the year, 33.

First cases of insanity, 353; 76.57 per cent.

Voluntary admissions, 8.

Emergency commitments, 13.

Commitments as inebriate, 3 women.

First Cases of Insanity.

Native-born patients, 50.87 per cent.; mothers, 31.56 per cent.; fathers, 31.48 per cent.

Age sixty years or over, 23.73 per cent.

Resident in cities or large towns, 67.99 per cent.; country districts, 32.01 per cent.

Previous duration of insanity, under six months, 34.90 per cent.

Curable forms of insanity, 18.13 per cent.

Causes: congenital, 5.10 per cent.; hereditary, 15.01 per cent.; alcoholic, 14.73 per cent.; senility, 17 per cent.; coarse brain lesions, 2.27 per cent.; syphilis, 3.40 per cent. (Compare with Table 1.)

Recoveries of the Insane.

Whole number, 53; 11.50 per cent. of commitments.

Recoveries of first cases of insanity, 41; 11.61 per cent. of first cases.

Recoveries in curable group A, 32; 50 per cent. of such curable cases. (Compare with Table 2.)

Deaths of the Insane.

Whole number, 115; 8.49 per cent. of whole number of persons treated.

Curable forms of mental disease present in 7.83 per cent.; tuberculosis in 6.09 per cent.; senile insanity in 28.70 per cent.; general paralysis in 20 per cent.; coarse brain lesions in 5.20 per cent. (Compare with Table 3.)

Finances.

Expenditures from maintenance funds, \$236,594; total receipts, \$36,201; being \$23,165 from private patients, \$11,710 from reimbursing patients, \$1,326 from other sources. (Compare with tables V. and VI. of the Appendix.)

Weekly per capita cost of maintenance computed on net expenses, \$4.66; the same less repairs and improvements, \$4.35.

Weekly per capita cost of whole service, \$1.95; ward service, \$0.82.

One person employed for every 4 patients; 1 nurse for every 7.63 patients.

Average monthly wage for all persons employed, \$33.76; for nurses, \$27.07; men, \$29.72; women, \$24.81. (Compare with Table VIII. of the Appendix.)

Extract from Trustees' Annual Report.

In our endeavor to make employment a prominent feature of the care of the patients, the number who have done some kind of daily work has been much increased this year, reaching the highest average

in the history of the hospital. In a daily average of 966 inmates, 523 were regularly employed in some useful way, helpful alike to the patients and the hospital. Of this number, 145 were engaged in ward work, leaving 378, or 39 per cent. of the entire number of inmates, occupied in other than ward duties. The amount accomplished — articles of clothing made, etc. — was considerable, as is shown in the superintendent's report.

Two hundred and ten patients have enjoyed the liberty of the grounds unattended, with excellent results as regards their comfort, happiness and health, and the general atmosphere of the institution.

Extract from Superintendent's Annual Report.

Nine hundred and thirty-five patients — 583 men and 352 women — have been employed on the wards and in the various departments of the hospital. Careful attention has been given to providing varied, appropriate and useful employment for as many patients as possible.

In January last a tailor shop was opened in the room in the industrial building formerly used as a brush shop, but which has been used as a storeroom since the manufacture of brushes was abandoned. Since the shop was opened we have manufactured and repaired, by the labor of male patients (the only employee being the foreman, who does the cutting and directs the work), all the outside clothing worn by our male patients. The output of the sewing room has been increased until now practically all the clothing for our women patients is made and repaired there. At the present time, therefore, we make and repair all the shoes, slippers and clothing worn by our patients, with the exception of stockings and knit underwear. Recognizing that the opportunities for out-of-door work are greater for men than for women, a selected number of women patients were employed during the season cutting greens, picking peas, beans, etc. It is our intention to extend their employment in that direction, as the results are gratifying.

From June until the last of September the verandas were used as out-of-door dormitories, providing accommodation for about 70 patients, and the health and comfort of the whole body were promoted to a considerable degree thereby. It is planned to extend this out-of-door treatment as much as possible.

Especial care and attention have been given to that most important of our duties, the care and treatment of acute cases. But we are much handicapped for lack of adequate modern appliances.

Plans have been drawn and estimates made for an extension of 35 feet to the dining-room extension on both the east and west wings. This will provide, for each wing, a dining room on the lower floor, with seating capacity of 200; an acute ward, with treatment room equipped with continuous baths and hydrotherapeutic appliances on the middle floor; and a ward for tuberculous patients on the upper floor. The

plans call for a piazza 70 by 11 feet on each floor, for out-of-door treatment, which is as valuable for acute and convalescent and some chronic patients as for tuberculous patients. By proper management we expect to make use of the piazzas at all times, except during severe storms. Each extension will provide room for 40 patients. It will cost to erect, equip and furnish each extension about \$34,250. We would, therefore, advise that a special appropriation of \$68,500 be asked for to erect, equip and furnish these proposed extensions.

Continued efforts to provide wholesome entertainment and diversion for our patients have met with gratifying results. From October until May Monday evenings are given up to entertainment. One entertainment by outside talent is provided each month. On the other Monday evenings stereopticon lectures by members of the staff alternate with social dances, which are thoroughly enjoyed. Frequently the capacity of our chapel, which seats about 400, is tested to the uttermost, and on special occasions, like Christmas, all seats and standing room are occupied. Had we capacity for from 50 to 100 more it would be none too large. A new feature was introduced during the past year, — an evening of song each week. Each Wednesday evening all who are interested in music meet in the chapel and spend an hour singing, led by our choir. This diversion began in a small way as an experiment, has increased steadily in popularity, and is now a recognized feature of our hospital work.

NORTHAMPTON STATE HOSPITAL.

Opened in August, 1858. Present capacity, 818; decrease for the year, 1.

Valuation of plant, per capita of capacity, \$1,050; real estate, \$910; personal, \$140.

Daily average number of patients, 848; increase for the year, 60.

Number Oct. 1, 1909, 883.

All commitments, 284; decrease for the year, 37.

Commitments as insane, 282; decrease for the year, 40.

First cases of insanity, 233; 82.62 per cent.

Voluntary admissions, 4.

Emergency commitments, 3.

Commitments as inebriate, none.

First Cases of Insanity.

Native-born patients, 60.94 per cent.; mothers, 35.53 per cent.; fathers, 35.96 per cent.

Age sixty years or over, 19.74 per cent.

Resident in cities or large towns, 74.68 per cent.; country districts, 25.32 per cent.

Previous duration of insanity, under six months, 42.29 per cent.

Curable forms of insanity, 27.04 per cent.

Causes: congenital, 15.88 per cent.; hereditary, 26.18 per cent.; alcoholic, 19.74 per cent.; senility, 14.59 per cent.; coarse brain lesions, 5.15 per cent.; syphilis, 0.86 per cent. (Compare with Table 1.)

Recoveries of the Insane.

Whole number, 36; 12.77 per cent. of commitments.

Recoveries of first cases of insanity, 32; 13.73 per cent. of first cases.

Recoveries in curable group A, 28; 44.44 per cent. of such curable cases. (Compare with Table 2.)

Deaths of the Insane.

Whole number, 73; 6.54 per cent. of whole number of persons treated.

Curable forms of mental disease present in 4.11 per cent.; tuberculosis in 5.48 per cent.; senile insanity in 43.84 per cent.; general paralysis in 16.44 per cent.; coarse brain lesions in 6.85 per cent. (Compare with Table 3.)

Finances.

Expenditures from maintenance funds, \$173,353; total receipts, \$46,868; being \$30,991 from private patients, \$13,977 from reimbursing patients, \$1,900 from other sources. (Compare with tables V. and VI. of the Appendix.)

Weekly per capita cost of maintenance computed on net expenses, \$3.84; the same less repairs and improvements, \$3.56.

Weekly per capita cost of whole service, \$1.39; ward service, \$0.50.

One person employed for every 6.04 patients; 1 nurse for every 12.52 patients.

Average monthly wage for all persons employed, \$36.40; for nurses, \$26.88; men, \$28.19; women, \$25.50. (Compare with Table VIII. of the Appendix.)

Extract from Superintendent's Annual Report.

Eight cases of voluntary commitment were under treatment during the year. Three of these have been patients here previously. Patients who come here voluntarily appreciate the privilege, and are grateful for their care and treatment. It is probable that more patients, including some who are now committed, would come voluntarily if it were more widely known that they would be accepted, and if the advantages of such form of commitment were better understood.

As usual, our remedial measures have been chiefly the removal of the exciting cause of the insanity as far as possible, the ordering of a quiet and hygienic daily life and the discipline of regular employment and exercise, supplemented by diversion and amusement. Few drugs have been used and no hypnotics or restraining apparatus whatever. Hydrotherapy has been used extensively, as for the past twelve years.

The training school for nurses has been under the general management of Miss Alice E. Bedel. Four nurses were graduated. The class was small, principally because of the difficulty in securing enough young women to accept service and take training.

For years our nursing force has been inadequate in number. The ratio of nurses to patients was 1 to 12 this past year, while a proportion of 1 to 8 is desirable if not necessary. There are now so many hospitals with training schools requiring a large number of pupils that not many who apply have proper or desirable qualifications for the work; and to some who come here and would be desirable the work is so unattractive that they cannot be induced to stay. Quite a number of applications from married couples have been received lately, and we have as many in our service as we can accommodate. Perhaps it will help solve what is becoming a troublesome problem to superintendents,—the maintaining of a desirable ratio of nurses to patients,—if suitable inducements can be made to secure married couples, and to keep them in service longer than the present average length of service of nurses and attendants. That we may make a trial of this I recommend that the house so long occupied by Mr. Mercier, our head farmer, which is now vacant, be remodeled to accommodate four or five couples of married people.

DANVERS STATE HOSPITAL.

Opened in May, 1878. Present capacity, 1,360; decrease for the year, 14.

Valuation of plant, per capita of capacity, \$1,401; real estate, \$1,223; personal, \$178.

Daily average number of patients, 1,438; increase for the year, 102.

Number Oct. 1, 1909, 1,424.

All commitments, 661; increase for the year, 23.

Commitments as insane, 658; increase for the year, 29.

First cases of insanity, 534; 81.16 per cent.

Voluntary admissions, 6.

Emergency commitments, 7.

Commitments as inebriate, 2 women.

First Cases of Insanity.

Native-born patients, 56.93 per cent.; mothers, 37.71 per cent.; fathers, 37.19 per cent.

Age sixty years or over, 21.80 per cent.

Resident in cities or large towns, 93.63 per cent.; country districts, 6.37 per cent.

Previous duration of insanity, under six months, 43.30 per cent.

Curable forms of insanity, 20.60 per cent.

Causes: congenital, 10.67 per cent.; hereditary, 14.05 per cent.; alcoholic, 25.28 per cent.; senility, 6.37 per cent.; coarse brain lesions, 12.73 per cent.; syphilis, 3.75 per cent. (Compare with Table 1.)

Recoveries of the Insane.

Whole number, 48; 7.29 per cent. of commitments.

Recoveries of first cases of insanity, 30; 5.62 per cent. of first cases.

Recoveries in curable group A, 27; 24.55 per cent. of such curable cases. (Compare with Table 2.)

Deaths of the Insane.

Whole number, 191; 9.31 per cent. of whole number of persons treated.

Curable forms of mental disease present in 7.85 per cent.; tuberculosis in 7.85 per cent.; senile insanity in 13.61 per cent.; general paralysis in 14.14 per cent.; coarse brain lesions in 28.80 per cent. (Compare with Table 3.)

Finances.

Expenditures from maintenance funds, \$293,893; total receipts, \$66,963; being \$41,191 from private patients, \$22,317 from reimbursing patients, \$3,455 from other sources. (Compare with tables V. and VI. of the Appendix.)

Weekly per capita cost of maintenance computed on net expenses, \$3.88; the same less repairs and improvements, \$3.29.

Weekly per capita cost of whole service, \$1.48; ward service, \$0.53.

One person employed for every 5.74 patients; 1 nurse for every 11.32 patients.

Average monthly wage for all persons employed, \$36.75; for nurses, \$25.78; men, \$28.21; women, \$23.90. (Compare with Table VIII. of the Appendix.)

Extract from Superintendent's Annual Report.

Of those discharged, 48 were classed as "recovered" (as this is a low ratio it may be pertinent to explain that while cases of dementia præcox and inebriates frequently leave the hospital apparently cured, such cases are rigidly excluded from the recovery list as published in the statistical reports, in accord with a long-established standard adopted by the hospital); 90 were discharged as capable of self-support. Quite a number in this class might be regarded as recovered with a minor permanent defect were such a classification adopted here as it has been in some countries. A low recovery rate is certain to be the rule at this institution, there being a reasonable prospect of recovery in a comparatively small number of those admitted.

An outbreak of diphtheria occurred in August. One man and 1 woman were both bacteriologically and clinically cases of diphtheria, but quite a number, both men and women, clinically well, were found to have K. L. bacilli in their throats. Rigid quarantine methods were adopted in all such cases. The sick recovered, and the carriers of the infection were restored to a normal throat condition by a few weeks of open-air treatment.

In connection with the dysentery epidemics which prevailed here the two past summers, extensive laboratory investigations were undertaken under the direction of the former pathologist, Dr. Southard.

Experience gained the first year suggested methods for clinical observation and records the second year, and it is believed that future epidemics of dysentery here will be better understood and better managed as the outcome of the painstaking work done in the hospital laboratory.

The conclusion was reached that the disease was not introduced through the water or milk supply. It was determined that the Shiga organism was the prevailing type of infection in 1908, while that gave place to the less virulent mannite-fermenting bacillus in 1909.

As observed in the clinical department, returns from the laboratory demonstrate that fatality with dysentery occurred in the large majority of cases in patients previously far advanced in heart and renal disease. Engaged in these special laboratory investigations was a company of six workers, who have summarized their observations and conclusions in a series of ten papers which the "Boston Medical and Surgical Journal" published Nov. 11, 1909.

While all this routine pathological work will be continued in the future, Dr. Adler, the present pathologist, will take up a line of clinical research work, utilizing the laboratory facilities to study underlying physical conditions associated with the inception and advance of mental disorder. This work will embrace more thorough examinations of urine, feces, gastric contents, the blood, cerebro-spinal fluids, glandular secretions, etc., than have been possible hitherto in the Danvers hospital laboratory, owing to the absence of special apparatus and a chemical expert interested in this line of investigations.

Especial studies will be inaugurated with the hope that more definite diagnostic and therapeutic data may be obtained in certain cases, or certain forms of mental disorder. The interesting and useful information obtained in recent years through studying the effects of inorganic salts upon the nervous system, and the well-known efficacy of animal extracts in diphtheria, myxædema, etc., suggest the importance of more accurate investigations concerning the chemical changes in glandular secretions associated with disorder of the higher brain centers.

There continue to be frequent changes in the personnel of the nurses and attendants on the insane. It is probable that very few of those who enter the service have previously formed definite plans regarding their future, and enter the hospital service because of curiosity to learn what hospital life is like, and the temptation of higher wages than they could command elsewhere. The necessary restrictions as regards personal privileges, and the enforced obligation to exercise constant self-restraint with the patients, discourage the greater number. Unfortunately, for their own good, they cannot subject themselves for the time being to a course of discipline and instruction that, if persisted in, would fit such individuals for higher lines of work and improved financial prospects.

As the force of mechanics regularly employed had failed to efface the too conspicuous evidence of wear and tear in the wards of the main hospital, additional workmen have been employed a part of the year. It is especially difficult to keep wards in perfect condition where thirty or more cot beds are spread out in the day space every

evening and packed away in rooms during the day; walls and doorways are marred almost daily by such operations.

As the number of patients has at least doubled since the ward toilet rooms were arranged, larger rooms have become necessary. Enlarging and refitting three such rooms in the B building commenced nearly three months ago, but another month will be required to finish these rooms. The reconstruction of these toilet rooms will cost above \$1,000 each. The main hospital has twenty-four toilet rooms, and the greater number of these should be enlarged and equipped with new plumbing fixtures without delay.

WESTBOROUGH STATE HOSPITAL.

Opened in December, 1886. Present capacity, 981; increase for the year, 49.

Valuation of plant, per capita of capacity, \$1,004; real estate, \$833; personal, \$171.

Daily average number of patients, 957; increase for the year, 36.

Number Oct. 1, 1909, 991.

All commitments, 517; increase for the year, 65.

Commitments as insane, 477; increase for the year, 71.

First cases of insanity, 365; 76.52 per cent.

Voluntary admissions, 70.

Emergency commitments, 15.

Commitments as inebriate, 19 women.

First Cases of Insanity.

Native-born patients, 65.93 per cent.; mothers, 43.54 per cent.; fathers, 41.32 per cent.

Age sixty years or over, 19.18 per cent.

Resident in cities or large towns, 70.14 per cent.; country districts, 29.86 per cent.

Previous duration of insanity, under six months, 49.09 per cent.

Curable forms of insanity, 24.93 per cent.

Causes: congenital, 9.04 per cent.; hereditary, 15.61 per cent.; alcoholic, 10.42 per cent.; senility, 10.14 per cent.; coarse brain lesions, 6.58 per cent.; syphilis, 5.48 per cent. (Compare with Table 1.)

Recoveries of the Insane.

Whole number, 87; 18.24 per cent. of commitments.

Recoveries of first cases of insanity, 53; 14.52 per cent. of first cases.

Recoveries in curable group A, 41; 45.05 per cent. of such curable cases. (Compare with Table 2.)

Deaths of the Insane.

Whole number, 95; 6.77 per cent. of whole number of persons treated.

Curable forms of mental disease present in 6.32 per cent.; tuberculosis in 8.42 per cent.; senile insanity in 26.32 per cent.; general paralysis in 12.63 per cent.; coarse brain lesions in 13.68 per cent. (Compare with Table 3.)

Finances.

Expenditures from maintenance funds, \$249,517; total receipts, \$70,674; being \$55,379 from private patients, \$11,716 from reimbursing patients, \$3,579 from other sources. (Compare with tables V. and VI. of the Appendix.)

Weekly per capita cost of maintenance computed on net expenses, \$4.88; the same less repairs and improvements, \$4.48.

Weekly per capita cost of whole service, \$2.19; ward service, \$0.90.

One person employed for every 3.48 patients; 1 nurse for every 6.39 patients.

Average monthly wage for all persons employed, \$33.13; for nurses, \$24.96; men, \$28.57; women, \$22.78. (Compare with Table VIII. of the Appendix.)

Extract from Superintendent's Annual Report.

The total admissions for the year have been 100 more than in the previous year, and the women's wards, especially, are overcrowded.

While the general health of the inmates has been good, there have been quite a number in whom, upon admission, the beginning of tuberculosis was found; and as our sanatoria for the segregation of the tubercular insane will not care for all needing treatment, it is desirable that more provision should be made for these cases.

The concrete coal shed has been completed. The nurses' cottage was practically completed and occupied last spring, as was also the cottage for the farmer. With the occupation of this cottage by the head farmer, his quarters in the farmhouse were renovated, and now care for twelve farm and engineer's employees. The cottage for married employees was completed so that early in the summer it was occupied. Some changes were later made in it, but it is now nearly finished, and its occupation has furthered the contentment of our married employees, who are giving us satisfactory service.

The erection of a building for 60 acute cases was begun during the summer, and construction has been carried on continuously up to the present time. The roof has been slated and the work of finishing will be carried on during the winter months, and we hope to have it occupied some time during the spring.

The hospital should now plan for future growth and development of the institution. Economical extension at the location of the central hospital buildings is not possible, all suitable situations being too low to be heated from the central heating plant, and the installation of heaters in each building is now, under the eight-hour law for firemen, very expensive.

Upon Heath hill, a portion of the Heath farm purchased by the hospital three years ago, with an elevation 40 feet higher than that of the main buildings, and about 1,500 feet east of them, there is ample room for the erection of buildings to care for 1,000 persons. This hill has been surveyed and roads located with reference to such extension. I recommend that an appropriation be asked to erect buildings on Heath hill of the colony type, to care for 100 women; also, within convenient distance, a sanatorium to care for 40 tubercular cases; one heating plant and one kitchen could serve for both.

I also recommend that in connection with this construction we ask for an appropriation to build at the foot of the hill a sewage reservoir of sufficient capacity to care for all future construction on this location, with pipe line to connect with the present system.

BOSTON STATE HOSPITAL.

Opened in December, 1839. Present capacity, 744; decrease for the year, 20.

Valuation of plant, per capita of capacity, \$1,637; real estate, \$1,530; personal, \$107.

Daily average number of patients, 770; decrease for the year, 4.

Number Oct. 1, 1909, 790.

All commitments, 335; decrease for the year, 47.

Commitments as insane, 334; decrease for the year, 48.

First cases of insanity, 274; 82.04 per cent.

Voluntary admissions, 6.

Emergency commitments, 73.

Commitments as inebriate, none.

First Cases of Insanity.

Native-born patients, 51.28 per cent.; mothers, 22.01 per cent.; fathers, 22.01 per cent.

Age sixty years or over, 22.63 per cent.

Resident in cities or large towns, 98.91 per cent.; country districts, 1.09 per cent.

Previous duration of insanity, under six months, 48.87 per cent.

Curable forms of insanity, 28.47 per cent.

Causes: congenital, 3.65 per cent.; hereditary, 13.14 per cent.; alcoholic, 11.31 per cent.; senility, 18.25 per cent.; coarse brain lesions, 6.57 per cent.; syphilis, 3.28 per cent. (Compare with Table 1.)

Recoveries of the Insane.

Whole number, 54; 16.17 per cent. of commitments.

Recoveries of first cases of insanity, 39; 14.23 per cent. of first cases.

Recoveries in curable group A, 33; 42.31 per cent. of such curable cases. (Compare with Table 2.)

Deaths of the Insane.

Whole number, 132; 11.26 per cent. of whole number of persons treated.

Curable forms of mental disease present in 15.15 per cent.; tuberculosis in 8.33 per cent.; senile insanity in 29.55 per cent.; general paralysis in 26.52 per cent.; coarse brain lesions in 9.09 per cent. (Compare with Table 3.)

Finances.

Expenditures from maintenance funds, \$191,981; total receipts, \$22,813; being \$15,583 from private patients, \$6,038 from reimbursing patients, \$1,222 from other sources. (Compare with Tables V. and VI. of the Appendix.)

Weekly per capita cost of maintenance computed on net expenses, \$4.78; the same less repairs and improvements, \$4.46.

Weekly per capita cost of whole service, \$1.89; ward service, \$0.70.

One person employed for every 4.40 patients; 1 nurse for every 8.35 patients.

Average monthly wage for all persons employed, \$36.12; for nurses, \$25.42; men, \$27.58; women, \$24.24. (Compare with Table VIII. of the Appendix.)

Extract from Trustees' Annual Report.

Much time has been spent in working out plans for the future development of the hospital. To accomplish the desired results the plans advocated by the State Board of Insanity seem the best; that is, to make the Boston State Hospital into a large institution, to accommodate most of the insane from Boston and near-by towns, which might be called the metropolitan district. It will be remembered that the State Board recommended, for the carrying out of their plans, a hospital to care for acute cases, in the city proper, near the medical schools; a custodial department which should be located on the site of the present hospital, the present buildings, of course, forming a part of this whole department; a sanitarium for convalescents at some convenient point in the country; and a colony for incurable cases, also not far removed.

The Legislature in June, 1909, appropriated \$600,000 for the purpose of erecting a hospital, in the city proper, for the observation and first care of acute cases of mental disease. In the act appropriating this money it was provided that this institution should be under the management of the trustees of the Boston State Hospital.

The next step, and one which, in the opinion of the trustees, should be taken the coming year, and which it is hoped will meet with the approval of the Legislature, is to add an infirmary group of buildings for both men and women, to accommodate 300 patients and the necessary officers and nurses, at a cost of \$275,000. It will be seen that the erection of such buildings is in harmony with the general plan above outlined, but, further than that, it is of importance for the purpose of making the present hospital buildings of greater service, as a more thorough classification of patients can be made both as to mental condition and sex, and administration simplified.

When the plans outlined above for the infirmary group have been carried out, the hospital will be in condition to care for several hundred more patients, and give them such medical treatment as they require. It will also be possible to do some scientific work in the institution itself. Of course, the center of the higher laboratory and re-

search work will be at the hospital for the first treatment of acute cases, in the city proper, but some such work can always be carried on with profit by the assistants in this department.

The trustees and superintendent have spent much time, not only upon the plans for the proposed infirmary group, but also upon the further development of the institution along the lines recommended by the Board of Insanity, to provide for the care of the large number of patients, probably not less than 3,000, which in the future it may be expected the State will be called on to furnish accommodations for on the present hospital grounds.

Buildings will be required for the reception of acute cases as they come from the department in the city proper, and to some extent, no doubt, from other sources. Further provision for custodial cases will be necessary, as well as added infirmary buildings. There will be a considerable number of patients who can be usefully employed. These will be provided for together in industrial groups. On another part of the grounds, where the farm buildings are to be placed, will be located what may be called the farmstead group. Each one of these groups can be enlarged as rapidly as circumstances may demand.

The lay of the land admirably adapts itself to a plan of this kind. The different groups can be entirely separate from each other, yet near enough to make administration comparatively easy. There is excellent land for garden and farming purposes, which will furnish occupation for a large number of patients.

To carry out these plans will, of course, be the work of years, but the trustees feel that no group of buildings should be erected without considering its relation to the other groups which will be necessary in the future.

Hospital for the First Care and Observation of Acute Cases. — The trustees, having been authorized to buy land in the city proper, and erect a hospital for acute cases, devoted much time to looking about for an available site. It was considered desirable to have this as near as possible to the medical schools, as it should be accessible not only to those engaged in teaching nervous and mental diseases, but to students and others engaged in special research work. After a search of some months, and the consideration of many sites, the Board finally decided upon what is called the MacDonald lot, situated at the corner of the Parkway, Brookline Avenue, Fenwood Road and Vila Street, comprising about 90,000 square feet. After having been approved by the Governor and Council and the State Board of Insanity, this lot was purchased.

Preliminary studies of the buildings will be undertaken as soon as possible. This work will be somewhat simplified from the fact that the Board of Insanity, a year ago, had sketch plans made for the same purpose, which, however, at the time, could not be utilized.

Some time was spent in revising the schedule of salaries to harmonize with those in other State hospitals, with the idea that if the nurses were paid better wages it would be possible to get better nurses, and to keep them for longer periods. Since this schedule went into effect there have been many more applications received, and the quality of the nursing staff has been gradually improving. Earnest efforts will be made in the future to provide more amusements and occupations for the patients, and to make the wards more cheerful and attractive by adding furniture, pictures, plants and other things suggestive of home surroundings.

Extract from Superintendent's Annual Report.

The general health throughout the hospital has been good, aside from an epidemic of diphtheria.

Early in February a woman nurse contracted the disease while absent from the hospital on a visit to a sick friend, without knowing the nature of her illness. Within the next three months 5 nurses came down with the disease, and were treated in the south department of the Boston City Hospital.

Late in May it seemed wise to quarantine the hospital against the admission of new patients and the visits of friends, and to take cultures from every person in the women's department, in addition to the isolation of persons affected and thorough disinfection of rooms, bedding, clothing, etc., which had been done in every case. Those furnishing positive cultures were isolated in the two upper Stedman wards. Such systematic culturing and isolation were repeated twice at intervals of a few weeks. In all, 2,325 cultures were made, and 160 persons were isolated, being released only after yielding three consecutive negative cultures. There were clinical symptoms in only 25 cases, 18 nurses and employees and 7 patients, the other 135 presenting no evidence of the disease other than the presence of the bacilli diphtheriæ in the nose or throat. When the last case had been released, on August 24, each ward was vacated and thoroughly disinfected with formaldehyde. No new cases developed during August and September, but from October 1 to 5 there was a sharp incidence of 18 clinical cases, 13 in the women's department and 5 in the men's department. No case, however, has since appeared. In both departments there were 31 clinical cases, 22 nurses and employees and 9 patients. There were no deaths, but temporary paralysis protracted the convalescence of 2 and serious affection of the internal ear impaired the hearing of another. Twelve cases were treated in the Boston City Hospital. Dr. Gill courageously assumed treatment of the women patients isolated in the Stedman wards, and deserves our grateful appreciation of her faithful service during three very trying months. We are also greatly indebted to

Dr. Francis H. Slack and Dr. Burditt L. Arms, of the Boston board of health laboratory, for making the necessary bacteriological examinations from so many cultures.

At the suggestion of Dr. E. E. Southard, pathologist to the State Board of Insanity, advantage has been taken of the excellent opportunity afforded for the investigation of certain aspects of the epidemiology of diphtheria which could best be worked out in an institution. Under his direction, Dr. Mary Elizabeth Morse has carried it on during the past six months, and will continue it to completion, probably within the next half year, when a full report will be made and published.

The Training School for Nurses has been conducted along the usual lines. Diplomas were awarded at the completion of the two years' course to 8 graduates. Since its organization, ten years ago, 64 nurses have been graduated, of whom 20 are still in the service of the hospital. The whole corps of nurses and attendants numbers 102, of whom 65 are women and 37 men. In the women's department 20 are graduate nurses, 18 pupils or probationers in the school. The remaining 27 women attendants and all the men attendants have not received systematic instruction as to their duties or nursing; in other words, no adequate effort is being made to train about 63 per cent. of our nursing staff. While it has been found impracticable in this hospital, as in most other public institutions, to exclude all who may be unwilling to follow a prescribed course of study, extending over a period of two years, it would be desirable and reasonable to expect all during the continuance of their service to listen to the teaching and participate in ward demonstrations, with reference especially to the more practical aspects of their duties. Such a requirement would promote efficiency, stimulate interest and induce some to assume the obligations of the full training.

The general nurse must supplement her experience in the insane hospital by that of general and special hospitals for other diseases. Some of our graduates have been able to arrange for themselves such special courses, particularly in the New York polyclinic. Our interest in their development and success will command our earnest effort to facilitate such arrangements, and if possible establish a definite relation of our school to other hospitals for this purpose.

The Medical Work was greatly increased by the demands of the diphtheria epidemic, which almost exhausted at times the energies of physicians and nurses, who were tireless in their response. Hydrotherapeutic measures, such as the wet pack and prolonged bath, have been applied with greater frequency in the treatment of patients, with good effect. The diminution of mechanical restraint and seclusion of patients is most gratifying, and indicative of earnest and resourceful effort by physicians and nurses. There has been no resort to restraint of a male patient since July.

WORCESTER STATE ASYLUM.

Opened in October, 1877. Present capacity, 990; increase for the year, 48.

Valuation of plant, per capita of capacity, \$1,078; real estate, \$930; personal, \$148.

Daily average number of patients, 1,063; increase for the year, 76.

Number Oct. 1, 1909, 1,128.

Admitted by transfer, 166; increase for the year, 38.

Deaths of the Insane.

Whole number, 53; 4.42 per cent. of whole number of persons treated.

Tuberculosis was present in 24.53 per cent.; senile insanity in 3.77 per cent.; general paralysis in 7.55 per cent. (Compare with Table 3.)

Finances.

Expenditures from maintenance funds, \$254,594; total receipts, \$6,038; being \$5,219 from reimbursing patients, \$819 from other sources. (Compare with tables V. and VI. of the Appendix.)

Weekly per capita cost of maintenance computed on net expenses, \$4.51; the same less repairs and improvements, \$4.05.

Weekly per capita cost of whole service, \$1.78; ward service, \$0.60.

One person employed for every 4.23 patients; 1 nurse for every 9.36 patients.

Average monthly wage for all persons employed, \$32.69; for nurses, \$24.21; men, \$26.21; women, \$22.25. (Compare with Table VIII. of the Appendix.)

The trustees report that during the past few years the asylum has been called upon to care for a large number of violent and excitable cases, demanding close supervision and confinement, and new buildings for their use have been constructed at the colony; but now it seems to the trustees that there is opportunity to return to the original purposes of the colony, — the care of a class of cases not needing such close supervision, who can be given work on the land and who can derive benefit therefrom,

while not needing buildings of such substantial and expensive construction as the more excitable cases. To provide for such cases the trustees recommend an appropriation of \$41,300 for the erection of two buildings, one for the accommodation of 50 men at the Oaks, and one for 50 women at the No. 2 group of buildings.

Extract from Superintendent's Annual Report.

The general physical health of both patients and employees has been good. There has been no case of contagious disease during the year. The death-rate among the patients has been very small, considering the class of feeble and demented cases with which we deal. The regulation of the habits of life and the careful and systematic attention which the insane receive in our public institutions evidently tend to the prolongation of their lives, and, to my mind, account for no inconsiderable percentage of the accumulation in hospitals.

During the last year the difficulty in securing proper employees has been less than usual. This has probably been due to several causes. The general business of the country has not offered full opportunities of employment and the conditions of the service here have been improved. Some increase in compensation has also been made. All laborers, workmen and mechanics have served an eight-hour day, in accordance with the law. With the exception of the official staff and the heads of departments all other persons have been accorded a service of sixty hours per week, with one day off in every seven. This has increased in no small measure the expenses of maintenance, but I believe that adequate return has been made for the money expended, and I feel that nothing less generous should be accorded for the coming year. A steady betterment is also being made in the conditions under which our employees live. The last Legislature gave money for providing additional accommodations for employees. Three new cottages for nurses are now in process of construction and additional rooms are being furnished off in existing buildings. Some of these rooms are already occupied.

An attempt has been made at our colony during the past year to interest some of our female patients in out-of-door work. This effort has met with a reasonable measure of success. A crew of working women has taken care of the grounds at the women's group, and has done considerable work in the weeding and hoeing of our gardens and other light agricultural work suited to a woman's strength. As all of our already developed workers were fully employed in the different departments, this out-of-door crew was largely recruited from patients who have formerly sat around the house and done very little or nothing at all.

Considerable numbers of male patients, both at the asylum and at the colony, have been constantly employed in the various departments and in out-of-door work, with profit to themselves and to the institution. Here, again, as with the women, special effort has been made to interest and employ the excited and incorrigible. Encouraging results have been obtained. The asylum is seriously handicapped so far as good working patients are concerned, because its inmates are all received by transfer from other institutions, and of course the best workers are retained where first admitted.

MEDFIELD STATE ASYLUM.

Opened in May, 1896. Present capacity, 1,538.

Valuation of plant, per capita of capacity, \$1,172; real estate, \$994; personal, \$178.

Daily average number of patients, 1,596; increase for the year, 120.

Number Oct. 1, 1909, 1,577.

Admitted by transfer, 106; decrease for the year, 87.

Deaths of the Insane.

Whole number, 79; 4.71 per cent. of whole number of persons treated.

Tuberculosis was present in 16.46 per cent.; general paralysis in 1.27 per cent.; coarse brain lesions in 1.27 per cent. (Compare with Table 3.)

Finances.

Expenditures from maintenance funds, \$307,998; total receipts, \$10,386; being \$7,390 from reimbursing patients, \$2,996 from other sources. (Compare with tables V. and VI. of the Appendix.)

Weekly per capita cost of maintenance computed on net expenses, \$3.68; the same less repairs and improvements, \$3.40.

Weekly per capita cost of whole service, \$1.58; ward service, \$0.65.

One person employed for every 4.73 patients; 1 nurse for every 9.63 patients.

Average monthly wage for all persons employed, \$32.31; for nurses, \$27.26; men, \$30.46; women, \$25.38. (Compare with Table VIII. of the Appendix.)

Extract from Superintendent's Annual Report.

As I reported last year, the term of service of the employees has continued longer than it did formerly. This is a great advantage, and worth much more than the additional increase to the pay roll. The general health for the year has been quite good, although we have had several cases of contagious disease among the employees, but fortunately only one case among the patients. The weekly per capita cost is lower this year than last, due largely to the fact that we have had more patients, although nearly everything used in the support of patients has increased in price.

An appropriation of \$2,000 was received for further exploration and investigation for a water supply. A large number of test wells were driven in this vicinity, to secure, if possible, a supply of ground water. This has been found near the power station. The location of these wells will minimize the expense of connecting them with a pump. The quantity seems to be sufficient, after a long-continued test of pumping during the dry season.

The Asylum Training School. — The class of 1909 was one of the smallest graduated. The school has aimed to give a practical course, and it has offered the additional training of three months at the Boston City Hospital for surgical experience. This has worked well, and is tending to raise the standard of the school and the intelligence of the nurses who join it. I think this outside training could be profitably enlarged in other directions. Experience in families, such as nurses get in district nursing, would be valuable practice. Two or three months' service in some lying-in hospital is also desirable, and in time would attract intelligent applicants to the school.

GARDNER STATE COLONY.

Opened in October, 1902. Present capacity, 575; increase for the year, 48.

Valuation of plant, per capita of capacity, \$986; real estate, \$831; personal, \$155.

Daily average number of patients, 553; increase for the year, 38.

Number Oct. 1, 1909, 582.

Admitted by transfer, 95; decrease for the year, 19.

Deaths of the Insane.

Whole number, 16; 2.50 per cent. of whole number of persons treated.

Tuberculosis was present in 31.25 per cent.; senile insanity in 12.50 per cent. (Compare with Table 3.)

Finances.

Expenditures from maintenance funds, \$105,000; total receipts, \$2,086; being \$1,353 from reimbursing patients, \$733 from other sources. (Compare with tables V. and VI. of the Appendix.)

Weekly per capita cost of maintenance computed on net expenses, \$3.59; the same less repairs and improvements, \$3.17.

Weekly per capita cost of whole service, \$1.36; ward service, \$0.49.

One person employed for every 5.95 patients; 1 nurse for every 12.10 patients.

Average monthly wage for all persons employed, \$35.13; for nurses, \$25.50; men, \$27.53; women, \$21.55. (Compare with Table VIII. of the Appendix.)

Extract from Trustees' Annual Report.

We regard the Gardner colony as an experiment station, where the problems of the industrial aptitude of the insane can be worked out, and not as a storage plant for the overflow from older institutions. To this end we shall ask the Legislature, from time to time, for appropriations to extend and improve our facilities for the employment of patients in useful occupations, to increase the efficiency of our employees and to put the more promising patients under more home-like conditions than can be given in large buildings. We have, therefore, during the past year, fitted up a farmhouse to receive 12 women patients, under the charge of a married couple, and we ask for an appropriation to build a cottage for 28 patients. Our experience at the Valley house and at the Belcher cottage seems to demonstrate that patients are not only far happier and more mentally accurate when they are given surroundings approaching those of a home, but they are stimulated to productive labor that results in a material reduction in the cost of their support,—results not obtained to the same extent where patients are housed together in large numbers.

Extract from Superintendent's Annual Report.

The two industrial buildings granted us this year are in process of erection. That for the men is nearing completion, while the one for women is nearly closed in. We expect to occupy both soon after January 1.

We are looking forward to these, knowing that a great deal of work can be done in them which we have heretofore been unable to attempt on account of limited room. However, in our present workroom very

satisfactory results have been obtained. Not many more patients than last year could be employed to advantage, but those employed have shown greater proficiency in their work, with a corresponding increase in production.

The tables following show the amount, also the various kinds, of work done by patients, but special mention should be made of the fact that during the last year we have produced more than we have required for our own use of all clothing for both men and women; boots, shoes and slippers for men; handkerchiefs, neckties, mittens and hats; work, fancy and farm baskets; fiber and braided mats, and toweling for patients' use.

The amount of work done by patients surprises even those who work with them every day, and a large share of the credit is due to those who daily direct them in their work.

When first our industrial work was started, officers, with hardly an exception, were skeptical, and it was not infrequent for them to say, "It is much easier to do the work myself than to keep telling them." This is now seldom heard, as they have gradually found that it *has* paid to devote their time and energy to "showing and continually telling them;" and those officers who have been employed any length of time do not hesitate to express their surprise that so much has been and is being accomplished by patients who, when received, were too demented to comprehend, much less to do.

Where many are employed it must be expected that some will not be suited to the work, — are not by nature and habits fitted for it, — but it is indeed gratifying for me to be able to say that the past year has given less trouble in this respect. That the fact that there has been a large number of unemployed, as well as that we are past the pioneer stage of development, has had something to do with this there can be little question. But more satisfying than this is the fact that our officers are becoming more interested in the work, and are anxious to see greater things accomplished.

Further, in regard to the large number of unemployed, our experience has been that, although we have had very numerous applications for work, the efficiency of the applicant has not been correspondingly increased. Our wish is to be able to retain permanently employees who are interested in and naturally adapted to the work we are carrying on. One method is to provide homelike quarters for married employees. One cottage caring for eight has been erected this year, and two more are necessary and should be provided the coming summer.

It seems also desirable that employees dealing directly with patients should not be compelled to work with them too many hours in succession, as they cannot maintain their active interest, and where active interest is lacking an employee is worse than useless. With this in view we should shorten their hours of duty as soon as provisions can be made for the increased number.

MENTAL WARDS, STATE INFIRMARY.

Opened in October, 1866. Present capacity, 672; increase for the year, 13.

Valuation of plant, per capita of capacity, \$716; real estate, \$539; personal, \$177.

Daily average number of patients, 681; increase for the year, 69.

Number Oct. 1, 1909, 704.

Commitments as insane, 78; decrease for the year, 36.

First cases of insanity, 73; 93.59 per cent.

Admitted by transfer, 125; increase for the year, 23.

First Cases of Insanity.

Native-born patients, 33.33 per cent.; mothers, 20.29 per cent.; fathers, 22.06 per cent.

Age sixty years or over, 31.51 per cent.

Resident in cities or large towns, 94.52 per cent.; country districts, 5.48 per cent.

Previous duration of insanity, under six months, 43.75 per cent.

Curable forms of insanity, 6.85 per cent.

Causes: congenital, 9.59 per cent.; hereditary, 15.07 per cent.; alcoholic, 27.40 per cent.; senility, 12.33 per cent.; coarse brain lesions, 15.07 per cent.; syphilis, 8.22 per cent. (Compare with Table 1.)

Recoveries of the Insane.

Whole number, 4; 5.13 per cent. of commitments.

Recoveries of first cases of insanity, 2; 2.74 per cent. of first cases.

Recoveries in curable group A, 2; 40 per cent. of such curable cases. (Compare with Table 2.)

Deaths of the Insane.

Whole number, 96; 11.07 per cent. of whole number of persons treated.

Tuberculosis was present in 19.79 per cent.; senile insanity in 14.58 per cent.; general paralysis in 7.29 per cent.; coarse brain lesions in 13.54 per cent. (Compare with Table 3.)

The department for the insane at the State Infirmery has been a gradual development for many years, and this year cared for an average of 681 patients daily. Special medical and nursing staffs are gradually being developed, with such interchange with the medical and surgical services of the hospital department as is mutually beneficial.

The State Infirmery is now in all essentials a general hospital for the treatment of physical diseases, with which the correlation of mental diseases is of the utmost importance, and in harmony with modern tendencies in the treatment of insanity.

The infirmary has also become an important center for the education of physicians in general medicine, surgery and mental diseases. Without the experience gained by their service on its wards for the insane, they would go out unacquainted with insanity, and not competent to treat mental disease, although such physicians are the first to meet it and have almost exclusive opportunity to prevent or alleviate it in its earliest and most curable stages.

BRIDGEWATER STATE HOSPITAL.

Opened in September, 1886. Present capacity, 662.

Valuation of plant, per capita of capacity, \$592; real estate, \$426; personal, \$166.

Daily average number of patients, 626; increase for the year, 47.

Number Oct. 1, 1909, 634.

Commitments as insane, 103; increase for the year, 6.

First cases of insanity, 93; 90.23 per cent.

First Cases of Insanity.

Native-born patients, 48.39 per cent.; mothers, 23.08 per cent.; fathers, 21.35 per cent.

Age sixty years or over, 3.23 per cent.

Resident in cities or large towns, 88.17 per cent.; country districts, 11.83 per cent.

Previous duration of insanity, under six months, 36.26 per cent.

Curable forms of insanity, 18.28 per cent.

Causes: congenital, 16.13 per cent.; hereditary, 13.98 per

cent.; alcoholic, 56.99 per cent.; senility, 2.15 per cent.; coarse brain lesions, 2.15 per cent. (Compare with Table 1.)

Recoveries of the Insane.

Whole number, 15; 14.56 per cent. of commitments.

Recoveries of first cases of insanity, 12; 12.90 per cent. of first cases.

Recoveries in curable group A, 12; 70.59 per cent. of such curable cases. (Compare with Table 2.)

Deaths of the Insane.

Whole number, 22; 3.09 per cent. of whole number of persons treated.

Tuberculosis was present in 13.64 per cent.; general paralysis in 22.73 per cent. (Compare with Table 3.)

Extract from the Medical Director's Annual Report.

As to the exciting causes of insanity in our first admissions, alcohol is given in 40 cases, or a little over 43 per cent. Other causes, following in frequency in order named, are senility, organic brain disease and worry. While alcoholic intemperance is given as a causative factor in 43 per cent. of our cases, I believe it is much too low, and could we reach the truth and interpret it aright, which is often very hard to do, I am of the opinion that 60 to 70 per cent. would be nearer correct. From personal observation, and the clinical histories of a great number of cases, I am convinced that the quality of the liquors consumed has as much to do as the quantity in causing the liquor habit and consequently insanity. If we could in some way regulate the quality of liquors used, I believe we would be making a stride in the right direction towards suppressing the evils of drink, and at the same time remove a cause of insanity.

On a daily average, we have employed about 50 men in our garden. I am convinced that suitable employment is a very essential factor in the care and treatment of the insane, and I know of no better form of work than gardening, as a relatively large number of patients can be employed on a few acres of land, and the result of their energy and enterprise is reflected in an enriched and more varied diet. We find our patients healthier and happier on account of the added out-of-door life, and their flagging interest in themselves and their environments is often greatly stimulated. Besides working in our garden, we were able to employ a number of patients in building walks, grading around new buildings and preparing land for more extensive operation next year.

In an institution of this kind, a hospital building for the proper care and treatment of sickness incidental to all insane hospitals is much to be desired. In the past we have cared for our acutely sick in a ward set aside for that purpose in one of our regular hospital buildings, and have moved from time to time as we needed more room or other conditions made it necessary. We have now come to the time when we need the day rooms, now used as hospital dormitories, for the purpose for which they were built, viz., for sitting rooms; and I would ask that a small hospital building be erected upon lines suggested by present-day methods of care and treatment.

The medical work of the hospital has been carried on along the general lines of former years. We continue to make daily use of hydrotherapy, and are more convinced than ever that it is a great aid in the treatment of the insane.

MONSON STATE HOSPITAL.

Opened in May, 1898. Present capacity, 699.

Valuation of plant, per capita of capacity, \$1,068; real estate, \$828; personal, \$240.

Daily average number of patients, 703; increase for the year, 65.

Number Oct. 1, 1909, 695.

Insane commitments, 36; decrease for the year, 64.

Sane epileptics admitted, 126; decrease for the year, 3.

First cases of epilepsy, 139; being 85.80 per cent. of all epileptics received.

The general statistics for the year are: —

	INSANE.			SANE.			TOTALS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Patients in the hospital Oct. 1, 1908,	199	151	350	181	155	336	380	306	686
Admitted within the year,	30	35	65	107	64	171	137	99	236
Viz.: by commitment,	23	13	36	86	40	126	109	53	162
by transfer,	1	17	18	-	-	-	1	17	18
from escape,	1	-	1	-	-	-	5	-	5
from visit,	5	5	10	17	24	41	22	29	51
Whole number of cases within year,	229	186	415	288	219	507	405	405	810
Dismissed during year,	64	22	86	85	56	141	149	78	227
Discharged,	6	3	9	31	23	54	37	26	63
as recovered,	-	-	-	-	-	-	-	-	-
as capable of self-support,	-	-	-	-	-	-	-	-	-
as improved,	6	3	9	18	21	39	24	24	48
as not improved,	-	-	-	13	2	15	13	2	15
Died,	14	16	30	15	13	28	29	29	58
Transferred,	40	1	41	-	1	1	40	2	42
Escaped,	1	-	1	2	-	2	3	-	3
On visit Oct. 1, 1909,	3	2	5	37	19	56	40	21	61
Patients remaining Sept. 30, 1909,	165	164	329	203	163	366	327	327	654
Viz.: State patients,	155	158	313	178	149	327	333	307	640
town patients,	-	-	-	-	-	-	-	-	-
private patients,	3	3	6	15	8	23	18	11	29
reimbursing patients,	7	3	10	10	6	16	17	9	26
Number of different persons within the year,	220	182	402	273	203	476	493	385	878
Number of different persons admitted,	26	32	58	94	48	142	120	80	200
Number of different persons admitted by commitment,	23	13	36	83	40	123	106	53	159
Number of different persons dismissed,	60	19	79	72	40	112	132	59	191
Number of different persons discharged capable of self-support,	-	-	-	-	-	-	-	-	-
Daily average number of patients,	186.00	165.92	351.92	193.65	157.81	351.46	379.65	323.73	703.38
Viz.: State patients,	176.03	156.24	332.27	147.67	128.56	276.23	323.70	284.80	608.50
town patients,	-	-	-	21.20	19.04	40.24	21.20	19.04	40.24
private patients,	3.42	3.00	6.42	17.29	7.32	24.61	20.71	10.32	31.03
reimbursing patients,	6.55	6.68	13.23	7.49	2.89	10.38	14.04	9.57	23.61

1 Nominally admitted to discharge: Insane: males, 4; females, 3; total, 7; sane: males, 12; females, 16; total, 28; males, 16; females, 19; total, 35.

2 One male admitted, discharged, readmitted as sane, died during year; 5 males, 1 female, total, 6, discharged as sane, readmitted as sane.

3 Two males discharged as sane and readmitted as sane.

First Cases of Epilepsy.

Native-born patients, 77.69 per cent.; mothers, 39.56 per cent.; fathers, 41.72 per cent.

Mean age at onset of epilepsy, 16.11 years; when admitted, 24.83 years.

Resident in cities or large towns, 77.69 per cent.; country districts, 22.30 per cent.

Deaths of Epileptics.

Whole number, 30; 3.42 per cent. of whole number of persons treated.

Tuberculosis was present in 30 per cent.; epilepsy was the immediate cause of death in 76.66 per cent. Mean age at first attack of epilepsy, 18.23 years; at death, 37.91 years.

Finances.

Expenditures from maintenance funds, \$161,200; total receipts, \$27,541; being \$8,680 from private patients, \$3,493 from reimbursing patients, \$13,839 from cities and towns, \$1,529 from other sources. (Compare with tables V. and VI. of the Appendix.)

Weekly per capita cost of maintenance computed on net expenses, \$4.36; the same less repairs and improvements, \$3.99.

Weekly per capita cost of whole service, \$1.88; ward service, \$0.73.

One person employed for every 4.44 patients; 1 nurse for every 9.12 patients.

Average monthly wage for all persons employed, \$36.07; for nurses, \$28.80; men, \$29.98; women, \$27.36. (Compare with Table IX. of the Appendix.)

Extract from the Superintendent's Annual Report.

In the medical work constant effort has been put forth to improve the condition of the patients, and a fair degree of success has been reached. With the advanced cases a small percentage of recoveries is all that we can hope for; but among the much improved we are able to list a very large percentage. This nearly always means that the patients, though well here so far as epileptic seizures are concerned, would not remain so if taken back to the surroundings from which they came. The ad-

vantage in thus keeping even a single patient free from these harrowing attacks cannot be overestimated, and as we consider that a large number are thus kept, we find encouragement in this work.

The appropriation of the last Legislature was granted in one sum though it was divided into four parts. The total amount was \$123,000. With this we are to carry out the plan of establishing a group for the accommodation of children, with especial reference to their school needs. The plan comprises three buildings: one for the service building, furnishing rooms for the workers, and one dormitory for 75 girls and another for 75 boys. The appropriation also includes connecting these buildings with the mains of sewer, water, electric light and telephone.

This whole provision for the care of children seems an admirable beginning of visible results of the years of study which your Board has given to this problem. Though epilepsy in children is far from hopeful, much can be done and many lines of research will be possible so that eventually a much larger percentage of recoveries may be attained.

Changes were made by the last Legislature relating to the forms of admission to this hospital, so that we now have admissions, as formerly, of the insane, private if the family is able to pay the minimum rate of \$5 per week, otherwise wholly public or reimbursed through the State Board by such amounts as the family is able to assume; and the voluntary commitments, which may be private or public in the same way. There is also a provision by which a person who is merely dangerous by reason of epilepsy may be committed, though sane.

The research work at the hospital has been carried on under the direction of Dr. E. E. Southard, pathologist to the State Board of Insanity. The first undertaking was the equipment of a laboratory for pathological work. Material from the trunk organs, secured at autopsies on epileptic patients, was gathered from several of the State hospitals. A series of 60 cases, including also those from this hospital, has been examined microscopically, and from these the findings in 50 cases have been tabulated, to show the relative occurrence of various essential or complicating pathological factors in epilepsy. These results have already been presented at the pathological colloquium, Harvard Medical School, Dec. 2, 1909. This work has also suggested several lines of inquiry, by reason of the preponderance of liver and kidney lesions.

Considerable study of the literature along the lines of heredity, neurology and special pathology has been included.

FOXBOROUGH STATE HOSPITAL.

Opened in February, 1893. Present capacity, 299; decrease for the year, 1.

Valuation of plant, per capita of capacity, \$1,355; real estate, \$1,156; personal, \$199.

Daily average number of patients, 318 (inebriates, 101; insane, 217); increase for the year, 29.

Number Oct. 1, 1909, 301.

Finances.

Expenditures from maintenance funds, \$93,582; total receipts, \$13,349; being \$933 from private patients, \$450 from reimbursing patients, \$9,802 from cities and towns, \$2,164 from other sources. (Compare with tables V. and VI. of the Appendix.)

Weekly per capita cost of maintenance computed on net expenses, \$5.73; the same less repairs and improvements, \$5.11.

Weekly per capita cost of whole service, \$1.98; ward service, \$0.48.

One person employed for every 4.11 patients; 1 nurse for every 14.90 patients.

Average monthly wage for all persons employed, \$35.17; for nurses, \$30.95. (Compare with Table IX. of the Appendix.)

Statistics regarding the insane will be found with those of other institutions for the insane, in the Appendix.

The general statistics for the year relative to inebriates are: —

Patients in hospital Oct. 1, 1908,	.	.	.	.	.	.	87
Admissions within the year,	.	.	.	.	.	.	555
By commitment,	.	.	.	.	.	.	305
By transfer,	.	.	.	.	.	.	—
By return from leave of absence of previous							
years,	.	.	.	.	.	.	42
By return from escape of previous years,	.	.					2
By return from visit of previous years,	.	.					—
Voluntary,	.	.	.	.	.	.	29
Nominally for discharge,	.	.	.	.	.	.	177
Whole number of cases within the year,	.	.	.	.	.	.	642
Final discharges within the year,	.	.	.	.	.	.	434
By death while in house,	.	.	.	.	.	.	6
By death while on leave of absence,	.	.	.	.	.	.	—
By death while on visit,	.	.	.	.	.	.	—
By death, escaped,	.	.	.	.	.	.	—
As insane,	.	.	.	.	.	.	4
By time limit while in house,	.	.	.	.	.	.	14
By time limit while on leave of absence,	.	.					108

Final discharges within the year — *Con.*

By time limit while on visit,	10	
By time limit, escaped,	25	
As not to be benefited by further treatment while in house,	167	
As not to be benefited by further treatment while on leave of absence,	63	
As not to be benefited by further treatment while on escape,	12	
Deported,	—	
By own request, voluntary,	25	
Patients absent, not finally discharged, dismissed in 1909,	119	
Leave of absence,	118	
Escaped,	1	
Visit,	—	
Patients absent, not finally discharged, dismissed in previous years,	68	
Leave of absence,	65	
Escaped,	3	
Visit,	—	
Patients remaining in hospital Sept. 30, 1909,	92	
Viz.: State patients,	89	
Private patients,	3	
Number of different persons within the year,	458	
Number of different persons admitted,	372	
Persons committed,	300	
Persons dismissed,	458	
Daily average number of patients,	100.57	
Viz.: State patients,	72.05	
Town patients,	25.07	
Private patients,	3.45	

Inebriates.

Daily average number, 101.

Commitments, 305; increase for the year, 59.

Admitted for the first time to any institution for the treatment of inebriety, 199, or 59.58 per cent.

Admitted to this hospital for the first time, 209, or 62.57 per cent.; 44 for the second; 9 for the third; 2 for the fourth.

First Cases of Inebriety.

Native-born patients, 80.64 per cent.; natives of Massachusetts, 63.44 per cent.; 31.16 per cent. of the parents were native born.

Average age at which habit began, 21.08 years; when admitted, 38.07 years; 32, or 11.47 per cent., were over 50 years old when admitted.

Average known duration of inebriety, 14.41 years.

Resident in cities or large towns, 257, or 92.11 per cent.; country districts, 22, or 7.89 per cent.

Two hundred and forty-two patients were discharged, as not to be benefited by further treatment.

Extract from the Trustees' Annual Report.

Reorganization has proceeded slowly but steadily, and is now practically completed. The hospital is now, in the opinion of the Board, in satisfactory condition, and ready to undertake the new and larger service contemplated for it when the Board was appointed.

The experiment of establishing a purchasing department, under the charge of a steward, which was tried in 1908, turned out so successfully that the position was made permanent. Provisions, coal and general supplies are now purchased at favorable opportunities, by contract, and a marked decrease in the weekly cost of maintenance of patients has been the result.

During the present year the Board determined to begin farming on a scientific basis, and engaged as head farmer a graduate of the Amherst State Agricultural College. The increased interest in farming at the hospital has not only given an enlarged opportunity for the employment of patients, and for teaching them agriculture, but has also caused larger crops and a saving in stable and farm expenses. For the first time accurate and concise reports of the products of the farm have been kept, and the systematic and comparative tables have created a healthy rivalry between the different groups of workers, and enhanced their interest in agricultural pursuits. Many patients are becoming genuinely interested in farming operations, and this practical form of education will be extended during the coming year. The valuation of the farm products for the year is approximately \$870 more than for the previous fiscal year.

For many months the Board has had under serious consideration the proper method of caring for patients after they leave the hospital. In the past such patients were not only free from restraint but were without guidance or help. It seemed necessary that there should be some person whose duty it was to watch these convalescents, and cause their return to the hospital if they could not be trusted at home, or to assist them in re-establishing themselves. The Board became satisfied that this work could be performed most effectively by a physician, and Dr. John A. Horgan of Boston was engaged as acting out-patient physician. It is hoped that this feature of the hospital work will add greatly to the value of the institution.

When a man is in condition to make it proper for him to leave the hospital, his family or friends are communicated with, and, if possible, he is retained at the hospital until work has been obtained for him. Many of these patients come to Foxborough regularly to report. Others are visited at their homes by the out-patient physician. If a patient has no family to assist him in getting work, the hospital endeavors to help him. A considerable number of men are now in positions in the vicinity of Foxborough, at good pay, free from the neighborhood of saloons, and reporting at the hospital.

A training school for attendants has been in successful operation throughout the year, class-room, clinical and ward instruction being regularly given. The object of the training school is to raise the standard of efficiency of hospital employees.

Extract from the Superintendent's Annual Report.

Continuing the policy inaugurated last year, and outlined in the annual report for 1908, the work of the hospital has been directed (1) to the extension of the individual treatment of patients; (2) to the elimination of undesirable cases; (3) to the establishment of a vocational bureau; (4) to the development of an out-patient department, under the charge of a physician, designed for furnishing medical after-care, with the consent and co-operation of the patient.

To attain any degree of success a hospital for the cure or alleviation of inebriety should allow for proper classification and segregation of cases. It should have a sufficient farm area for the development of agricultural interests; it should be able to provide congenial, and in some cases remunerative, work for its patients; and, lastly, it should surround the patient with an atmosphere which will encourage him to put forth his best efforts, as without the co-operation of the patient hospital treatment will be of no permanent value.

Believing, as we do, that there is a logical reason for a hospital for the treatment of hopeful inebriates, it seems unnecessary to state that such an institution should be all that the name implies. First and foremost it must be an educational institution, operated and conducted as such; both the patients and the public should be familiar with its workings. The educational measures which should be in vogue may be compared in many respects to those principles that are now so extensively used in giving to the public a knowledge of what has been done for the cure and prevention of tuberculosis. The economics and broader scope of the question make it a more difficult problem, but I am satisfied that the results which we earnestly desire can be gained only by acquainting the public with what is being done by the State toward caring for these people. The importance of this publicity, which of course should be in the hands of authorities, is more evident when it is remembered that there is a reluctance on the part of persons to place themselves under

treatment until one or more of the diseases related to alcoholism appear, or until the habit has been of some years' duration. The individual is inclined to look upon hospital treatment as a last resort, and unless correctly advised he is slow to take advantage of any institutional care for his betterment.

The hospital must be conducted so that its methods and manner of treatment shall appeal to the patient; he must feel that he is the object for consideration; he must have confidence in the honesty of purpose of the hospital, and of the officers in charge; and, finally, he must be made to feel, at the appropriate time, that he has a responsibility which he must exercise.

Realizing that each patient demands separate consideration, I feel the importance of emphasizing the fact that access to such a hospital should be facilitated in every way. The patient himself and his relatives may be persons of good standing and of social prestige; in such a case the relatives and friends are not desirous of the stigma of having a husband, brother or father sent to a penal institution; therefore admission to a State institution for inebriates should be devoid of extreme court publicity, and legal measures, if necessary, should be simplified. A prospective patient should understand that any legal proceedings which may be instituted are carried out solely for his protection and welfare.

After-care. — The need of an out-patient department in the care of a physician in a hospital of this character was early demonstrated. Its purposes can be defined as follows: (1) to assist in determining whether a prospective patient is a proper subject for the hospital; (2) to visit friends and relatives of patients previous to their discharge from the institution, and to investigate their home surroundings, social conditions, etc.; (3) to aid patients to find congenial and remunerative work; (4) to give suitable medical after-care. This department is now organized and is in successful operation. The anticipated benefits are already seen, and it is not only of a recognized value to the patient, but is of decided economic value.

MASSACHUSETTS SCHOOL FOR THE FEEBLE-MINDED AT WALTHAM.

Opened in October, 1848. Present capacity, 1,332; at Waltham, 1,132; at Templeton, 200.

Valuation of plant, per capita of capacity, \$735; real estate, \$614; personal, \$121.

Daily average number of patients, 1,345; increase for the year, 113.

Number Oct. 1, 1909, 1,215.

The general statistics for the year are: —

	Males.	Females.	Totals.
Number present Oct. 1, 1908,	744	539	1,283
Admitted during the year,	171	104	275
School cases,	84	37	121
Custodial cases,	87	67	154
Whole number of cases during year,	915	643	1,558
Discharged during year,	78	44	122
Died during year,	23	12	35
Number of patients Sept. 30, 1909,	814	587	1,401
State patients,	376	353	729
Private patients,	27	20	47
Supported by income from invested funds,	-	-	-
Massachusetts school beneficiaries,	393	198	591
New England beneficiaries,	18	16	34
Daily average number of patients,	779	566	1,345
Number at the school Sept. 30, 1909,	628	587	1,215
Number at Templeton Sept. 30, 1909,	186	-	186
Totals,	814	587	1,401
Applications during the year,	-	-	472

Finances.

Expenditures from maintenance funds, \$257,076; total receipts, \$45,618; being \$23,527 from private sources, \$20,424 from cities and towns, and \$1,667 from other sources. (Compare with tables V. and VI. of the Appendix.)

Weekly per capita cost of maintenance computed on net expenses, \$3.84; the same less repairs and improvements, \$3.48.

Weekly per capita cost of whole service, \$1.43; ward service, \$0.68.

One person employed for every 5.25 patients; 1 nurse for every 8.64 patients.

Average monthly wage for all persons employed, \$32.43; for nurses, \$25.62; men, \$31.05; women, \$24.56. (Compare with Table VIII. of the Appendix.)

Extract from the Trustees' Annual Report.

The year just closing has been one of growth at the school. The completion and full enjoyment of the new manual training building has enabled more of the inmates to take part in the work that is taught

there, and the variety and scope of that work have been extended. More looms than there was room for before turn out a greater quantity of rugs and toweling, and in turn enable more girls and boys to indulge in the interesting occupation of making them.

The lace work by the girls has reached a degree of perfection that is quite astonishing.

The effect of these and the numerous other industries on the lives of the children is the most gratifying part of it all. A few years ago the useful indoor occupations afforded were limited to the laundry, the repairing of shoes and a few others; and such as were to be had were again limited by the space in which to pursue them. To-day, by the wise liberality of the Legislature of the Commonwealth, none who are capable need be deprived of the interest afforded by the pursuit of some useful occupation. It is only necessary to spend a little time in the different workrooms, watching the faces of the happy children at their work, to satisfy one of the wisdom of these varied plans for their occupation.

The procedure for the admittance of school cases has been greatly simplified. A school case may now be committed without any formality, except the request of the parent, accompanied by the certificate of the attending physician. No application to the overseers of the poor or selectmen is necessary, and there is no suggestion of pauperism. This change has been brought about as a result of the codification of the laws relating to the insane and the feeble-minded.

We have sent many half-crazy imbeciles to the insane hospitals. A more thorough investigation of the history and early life of those who turn out to be criminal imbeciles is bringing to the school cases that once went directly to jail, without a thought being given to their mental condition. As years go on, this class must receive different care and custody; more effective means of restraint must be supplied, and they must be separated from our feeble-minded inmates, who are not inherently criminals. The problem of the care of those criminal imbeciles now in the school is one of the most trying that we have.

In an admirable article on the "Imbecile with Criminal Instincts", published in the "American Journal of Insanity" in April last, our superintendent has described this class, their characteristics, and the effect that a knowledge of their existence will have upon the future treatment of prisoners. It will be along the line of the prevention of crime before it is committed, in place of the punishment of crime afterwards.

The educational part of this institution is becoming very prominent. There are large numbers of people who come here from other institutions to observe and to learn what we are doing. They notice that we treat our patients like normal persons, and that the work is conducted on a high plane.

Our school never was in a higher state of perfection than it is to-day,

with well-qualified, highly intelligent and devoted teachers, who see the results of their work growing day by day. Their enthusiasm, too, is fine. They are all intensely interested in their work.

Extract from the Superintendent's Annual Report.

The manual and industrial training, described in detail in the last report, has been still further developed. Over 600 pupils now receive daily training in the attractive manual building. With the eager classes following each other all day long, the building is a veritable hive of happy industry. The pupils are very fond of the varied manual training exercises.

All of the manual training work is applied to the production of articles which are useful, and which the children afterwards see in use. The following activities and industries are successfully carried on in the manual training building: —

For Boys.

Weaving crash, etc.	Broom making.
Shoe repairing.	Brush making.
Painting.	Net making.
Carpenter work.	Coir mat weaving.
Wood turning.	Printing.
Furniture repairing.	Sloyd.
Cane seating.	

For Girls.

Cooking and training in domestic work.	Hooking rugs.
Primary hand sewing.	Lace making.
Machine sewing.	Basketry.
Weaving crash, linen, rag carpet, etc.	Hand knitting.
Cutting rags for rag carpets.	Crocheting.
Spinning.	Net making.
Machine knitting of caps, mittens, etc.	Embroidery and fancy work.
Braiding rugs.	Jig sawing.
	Sewing clothing, bedding, etc.

In the summer time the indoor manual classes for the boys are suspended, and instructors take the boys out of doors, to apply their manual skill in work on the land. Boys of suitable age and strength are taught to weed, to hoe, to drive a horse, to handle stone and gravel, ashes and coal, to dig stones, to lay down lawns, to build roads, dig drains, and, finally, to harvest and store the apples, vegetables and other crops.

With boys of very feeble mentality this outdoor manual instruction forms a very important part of their education. During the summer we had two or three men employed all the time with these classes. Each

class was made up of 10 or 12 boys, and the classes changed every hour. These boys were taught to use shovels, pickaxes, to handle cord wood, to saw fire wood, etc. This work is carried on with all the precision of an indoor school class, and the results are most obvious in improved physical health and increased mental ability. This work is especially effective in the way of quieting noisy, excitable patients. The work done by these classes has been on some of the rough land which we have not yet brought under cultivation. It would be difficult to overestimate the value of this sort of training for the above class of patients.

We have had another successful year at the farm colony at Templeton. The boys continue in good health and are contented and happy. During the year they have cleared 27 acres of wild land ready for tillage. We have 140 acres of land under cultivation. Our crops were remarkably good.

Thirteen carloads of food products were shipped to Waverley for use at the home school. In addition, 1,600 bushels of potatoes and 400 bushels of other vegetables were sold to other State institutions.

This work is practically all the result of the work of the boys themselves, for we should need our present number of employees at the colony merely to take care of the boys if they were kept in idleness.

At the present rate of production the colony is raising all the vegetables and other farm products that can be consumed at the school.

WRENTHAM STATE SCHOOL.

Opened in June, 1907. Present capacity, 250.

The general statistics for the year are:—

Number remaining Sept. 30, 1908,	49
Admitted within the year,	10
Whole number of cases within the year,	59
Dismissed within the year,	17
Viz.: Died,	2
Discharged,	4
Transferred,	6
Escaped,	1
On visit,	4
Remaining Sept. 30, 1909,	42
Daily average number,	47.31

Finances.

Expenditures from maintenance funds, \$21,621; total receipts, \$426; being \$357 from cities and towns and \$69 from other sources. (Compare with tables V. and VI. of the Appendix.)

Weekly per capita cost of maintenance computed on net expenses, \$9.42; the same less repairs and improvements, \$8.67.

Weekly per capita cost of whole service, \$3.34; ward service, \$0.47.

One person employed for every 3.28 patients; 1 nurse for every 12.15 patients.

Average monthly wage for all persons employed, \$47.55; for nurses, \$24.56; men, \$28.94; women, \$23.01. (Compare with Table VIII. of the Appendix.)

Extract from the Trustees' Annual Report.

The school at Wrentham was instituted by the State to furnish a home for the deficient specimens who it is no longer a question should be restrained and treated and built up into such usefulness as they are capable of. It has gone through its pioneer stage, and furnishes the foundation for the building of an institution which shall fulfill to the highest degree the great public service it was called into being to perform. Its broad acres are a favorable field for the activity and life in the open air that are shown to be the best means of bringing these charges to their best possible condition of health as well as of happiness. Here a few essentials are provided for the continued and rapid expansion to somewhat near the urgent public need.

The course of sound public policy is clear. It is to make use of this foundation. The State has already made a considerable investment, and it is economically stupid not to permit it to be put into the highest condition of efficiency which liberal appropriations and wise administration can bring about. Upon the latter point, it is simply a statement of fact to say that the organization of the school has demonstrated that it is equal to any burden put upon it. The skill obtained through close training in the peculiar work, the judgment based on the knowledge of the means of economical management, the preparation for thorough institutional administration, the technical knowledge as to the handling of the feeble-minded, and, perhaps best of all, an enthusiasm in the work, are shown in what is being done here. And it is for the Legislature, charged with the custody of the interests of the people, with their physical and moral well-being, to consider with serious care its responsibility in the direction of expanding to greater effectiveness an institution which has a great, if not indeed the first, claim to consideration.

Particular satisfaction is taken by the trustees in the development of the water supply, which has been carried forward to a point where the freezing of the ground will not interfere with the finishing touches. At a cost of not over \$20,000, which was the amount appropriated by the Legislatures of 1908 and 1909, the school is in possession of a sup-

ply of water of excellent quality and in sufficient quantity to supply an institution as large as this is ever likely to be. The source and entire plant are on the property of the school.

The 50 boys who constitute the school at present have continued to be busily and happily employed, with good practical results. The cost of construction has been lessened materially by their work in the hauling of stone from the various parts of the property, and gravel from its inexhaustible beds, to the sites of the buildings. They have also proved themselves good farmers, and have worked with evident delight in the fields.

Extract from Superintendent's Annual Report.

The general health of our boys has been excellent. They have been remarkably free from slight ailments, such as colds. Their splendid health I attribute to the simple construction of the buildings in which they are housed, together with the outdoor life they lead. While they are engaged in their occupations around the farm during the day every window in their sleeping quarters, both summer and winter, is thrown wide open, so that both day and night they are breathing the splendid light, dry, pine-laden air of the vicinity.

The boys have for another year very cheerfully contributed their share of industry to the development of the institution, in clearing the land of stones and stumps, ditching, grading, building roads, hauling building materials to the site, raising garden and farm crops, cutting wood and painting. The enumeration of some of these industries shows how busy they have been, and this as well testifies to their happiness. Something that he can do, and the pleasure that accompanies the doing of that something, is a genuine desire and natural result in the normal individual. Left to himself the feeble-minded boy would never have this experience, but after much help and care it is very pleasing to see the delight manifested in the accomplishment of some work, from the boy who, after half an hour of effort, succeeds in sawing a small stick of wood, to the boy who ploughs an acre a day.

Since we have taught the feeble-minded boy to work, we must teach him to play. Left to himself his attitude towards play is precisely what it was toward work. Every Saturday afternoon during the summer a half holiday is taken, and much interest is shown in a lively baseball game. As the autumn and winter evenings approach, corn roasts, hal-lowe'en parties, dancing, the reading of stories, card parties and music give ample diversion from the ordinary duties.

HOSPITAL COTTAGES FOR CHILDREN.

This is a private institution, for which the Governor appoints five trustees, in addition to those selected by the corporation. It is maintained from the income of private funds, donations and

the board of patients. State and town charges are received for \$3.25 a week, although the weekly cost of support is considerably in excess of this amount. In consideration of this service, the State has from time to time appropriated money for buildings and structural improvements. It is subject to supervision by the State Board of Insanity, to which it makes a financial statement, and furnishes such other information as may be required.

Opened in June, 1882. Present capacity, 140. Daily average number, 126.

Valuation of plant, per capita of capacity, \$683. Permanent funds, \$305,359. Expenditures for maintenance, \$36,481. Receipts, \$41,789; support of State charges, \$13,342; from cities and towns, \$3,706; from individuals for support of patients, \$5,049; from sales, contributions and other sources, \$19,692. Weekly per capita cost of maintenance, \$5.48.

The general statistics for the year are:—

Patients in house Oct. 1, 1908,	. . . . .	121
Admitted within the year,	. . . . .	44
Whole number of cases within the year,	. . . . .	165
Dismissed within the year,	. . . . .	34
Viz.: Discharged,	. . . . .	35
as recovered,	. . . . .	6
as much improved,	. . . . .	10
as improved,	. . . . .	15
as not improved,	. . . . .	3
Died,	. . . . .	1
Patients remaining Sept. 30, 1909,	. . . . .	130
Viz.: State patients,	. . . . .	98
Town patients,	. . . . .	4
Private patients,	. . . . .	28
Daily average number of patients,	. . . . .	126
The largest number on any day,	. . . . .	133
The smallest number on any day,	. . . . .	118

Thirty-two epileptics were admitted, being 72.72 per cent. of all admissions. Twenty-five epileptics were discharged, of whom 2, or 8 per cent., had recovered.

Extract from the Trustees' Annual Report.

As you will observe from the superintendent's report the number of children cared for has been larger than last year, but is still below the average of recent years, owing to the continuous work of renovation,

which has necessitated vacating one ward after another. The west wing, which was undergoing repairs at the time of our last report, has been fully reoccupied. New floors, new plumbing, freshly painted walls and ceilings and redressed woodwork, together with minor incidentals of renovation, have made the building attractive as well as sanitary. The girls were delighted to leave their old quarters in the east wing for their new ones in the west wing.

The new water tank, projected at the time of our last report, became two tanks in the working out of the problem. At the rear of the boiler house a steel trestle was erected, 51 feet high, which supports, at an elevation of 20 feet, a low-service tank, 10 feet high and 10 feet in diameter, with a capacity of 5,000 gallons, which furnishes a low service for the boiler house and laundry; and, at the height of 51 feet, a high-service tank, 16 by 15½ feet, with a capacity of 20,000 gallons, which furnishes water for the rest of the institution.

The history of last season has been repeated, improving the opportunity afforded by the unusual drought for further excavation of our reservoir pond, using the material for road building, as before.

The improvements of the groves and grounds which were mentioned in our last report, and which give excellent opportunity for utilizing the energy of some of the larger boys, have been continued during this year to great advantage.

A decided step forward, taken during the year, was the beginning of a systematic course of instruction for our nurses, which we hope may develop into a regular training school. Until recently the resident medical force has been so small that, with the large demands of other duties, it has seemed impossible to give the time and thought required to make such a course worth while. At the beginning of the new year, however, regular classes for systematic instruction were started. The new movement was greeted with enthusiasm by the nurses, and its beneficial effects are already apparent.

The trustees are fully convinced of the value of the farm as an adjunct to the hospital. The schools have long since been recognized as an indispensable feature of the work.

The treasurer's report will indicate to you the healthy condition of the finances, but even a cursory study of it will show that if the good work of the hospital is to be maintained at its high standard of efficiency no part of the faithful support of past years can be abated. There is ample room for more workers, and more money could be used to advantage in the work which this hospital does, which we believe to be of great value to the children, their families and the community at large. Many of the cases treated here are of such a nature that their segregation is important, not only for the children themselves, but for the families from which they come and the neighborhoods in which they must otherwise live.

It is a pleasure to record that greater experience and continued study are constantly increasing the possibilities of the cure or alleviation of sickness and misfortune of this kind, and we believe your hospital is doing well its part in this work.

PRIVATE INSTITUTIONS.

THE McLEAN HOSPITAL.

Opened in October, 1818. Present capacity, 220.

Valuation of plant, per capita of capacity, \$8,523.

Average weekly per capita cost of maintenance, \$23.76.

Daily average number of patients, 216; increase for the year, 2.

Number Oct. 1, 1909, 219.

All commitments, 161; decrease for the year, 8.

Commitments as insane, 158; decrease for the year, 3.

First cases of insanity, 111; 70.25 per cent.

Voluntary admissions, 90; decrease for the year, 4.

Emergency commitments, 9; increase for the year, 6.

First Cases of Insanity.

Native-born patients, 81.82 per cent.; mothers, 59 per cent.; fathers, 54.46 per cent.

Age sixty years or over, 13.51 per cent.

Resident in cities or large towns, 79.28 per cent.; country districts, 20.72 per cent.

Previous duration of insanity under six months, 57.66 per cent.

Curable forms of insanity, 47.75 per cent.

Causes: hereditary, 27.93 per cent.; alcoholic, 6.31 per cent.; coarse brain lesions, 6.31 per cent.; senility, 3.60 per cent.; syphilis, 11.71 per cent. (Compare with Table 1.)

Recoveries of the Insane.

Whole number, 28; 17.72 per cent. of commitments.

Recoveries of first cases of insanity, 22; 19.82 per cent. of first cases.

Recoveries in curable group A, 20; 37.74 per cent. of such curable cases. (Compare with Table 2.)

Deaths of the Insane.

Whole number, 32; 8.63 per cent. of whole number of persons treated.

Curable forms of mental disease present in 9.38 per cent.; senile insanity in 3.13 per cent.; general paralysis in 31.25 per cent.; coarse brain lesions in 9.38 per cent. (Compare with Table 3.)

Extract from the Superintendent's Annual Report.

The law concerning the admission of voluntary patients was changed in 1905, in the way of a removal of certain restrictions, and in the four years since that date the percentage has increased, over that of the four years preceding the change in the law, from 45 per cent. to 57 per cent. of all the admissions. It is a satisfaction to report this increase, for it is believed that patients sent to hospitals for mental diseases should be admitted with the least possible formality, and that the use of such hospitals by the public should be made as nearly like that of general hospitals as is consistent with the condition of the patient. A commitment should be the last resort.

The two rooms provided for the continuous warm baths are of great value as a means of treatment. They are light and airy, with low windows. The baths are not made compulsory, and yet no patient for whom they have been prescribed has thus far refused to take them. If one objects, the matter is postponed and an invitation is given later. The patients are not swathed in sheets or held in the tub by nurses or fastened in by a cover, as is sometimes done, but are allowed to get in and out of the tub as they like and throw out the water at will. Although no extended observations have yet been made the results up to the present time are exceedingly satisfactory. There is no doubt of the soothing effect, the lessening of excitement, noise and violence. There is no doubt also that they promote sleep, and in most cases have appeared to cause an increased appetite and gain in weight.

The art rooms in the gymnasiums for both men and women, the other rooms in these houses and even some of the sitting rooms in the houses where patients live have been hung throughout the year with loans from many sources. The number of such loans on our walls at the end of the year is 81 oils, 44 water colors and 9 photographs. As a result of this movement gifts of pictures have been made from time to time. Some of these are still in the rooms of the gymnasium buildings, while others have been placed in the sitting rooms of the patients' houses. They are most acceptable, and number 38 oils, 6 water colors, 66 framed photographs and engravings and about 650 unframed photographs, of which 348 have been catalogued for purposes of study.

The need of a house for the second assistant physician was satisfied by the purchase, in May, of the Kendall property, on which was a cottage near enough to the men's houses so that the physician is practically as available for duty by night as though he lived in the Pierce building.

The clinical department has continued its work along the lines already established. The careful histories and the detailed records of the mental and physical examinations not only have furnished information of practical value in the care and treatment of the patients, but they are also constant additions to the valuable collection of data already at hand, and are imperative for good scientific work in the further study of mental diseases. Efforts have been made to make this material as complete as possible by a continued following up of patients who have left the hospital, and noting the further progress of their condition.

A constant attempt has been made in the routine examinations to find and apply such psychological and other scientific methods as can be made practical.

An analysis of some 80 cases of mental disease associated with Graves' disease has been made, and a paper based upon this analysis was read at the annual meeting of the American Medico-Psychological Association.

Renewed attention has been directed to the "psychogalvanic phenomena," and with the valuable help of Mr. Alexander Forbes, of the Harvard Medical School, a considerable advance has been made in this problem. Clinically it is a fairly coercive indication of affective response, and psychologically it promises to be one of the most significant forms of the "method of expression." The work concerned with the standardization of controlled association tests has been continued. Some special aspects of the free association test were made the subject of a brief study, the material for which was kindly furnished by Dr. A. J. Rosanoff. The attempt has also been made to systematize the present conceptions of the so-called "adaptive" and "substitutive" mental reactions, with a view to determining more exactly their relation to the development and course of the psychoses. The equipment and facilities of the laboratory have been extended according to the demands of the problems under investigation.

OTHER PRIVATE INSTITUTIONS

licensed by the Governor and Council under the provisions of section 24, chapter 504, Acts of the Legislature of 1909, number 20. Additional licenses were granted during the year as follows: on Dec. 23, 1908, to H. N. Archibald, M.D., in Cheshire, a license to care for the insane; and on July 22, 1909, to Henry C. Baldwin, M.D., in Wareham, a license for the care and treatment of persons addicted to the intemperate use of narcotics or stimulants.

On Oct. 1, 1909, there were in these institutions 185 patients, an increase of 11 for the year. The insane numbered 103, or 55.67 per cent. There were 105 admissions of the insane and 94 dismissals during the year.

The general statistics for each institution are set forth in the following tabulation: —

"Bournewood." — Henry R. Stedman, M.D.

	SANE.		INSANE.		Totals.
	Men.	Women.	Men.	Women.	
Number Oct. 1, 1908,	1	—	3	12	16
Admitted during the year, . . .	2	—	3	2	7
Dismissed during the year, . . .	2	—	4	5	11
Number Sept. 30, 1909,	1	—	2	9	12

"The Highlands." — Frederick W. Russell, M.D.

Number Oct. 1, 1908,	2	—	2	2	6
Admitted during the year, . . .	7	1	2	1	11
Dismissed during the year, . . .	7	—	3	1	11
Number Sept. 30, 1909,	2	1	1	2	6

"Channing Sanitarium." — Walter Channing, M.D.

Number Oct. 1, 1908,	1	10	—	16	27
Admitted during the year, . . .	—	3	—	5	8
Dismissed during the year, . . .	—	5	—	6	11
Number Sept. 30, 1909,	1	8	—	15	24

Private Hospital. — Eben C. Norton, M.D.

Number Oct. 1, 1908,	—	—	—	5	5
Admitted during the year, . . .	1	—	1	4	6
Dismissed during the year, . . .	1	—	1	7	9
Number Sept. 30, 1909,	—	—	—	2	2

"Pine Terrace." — W. F. Robie, M.D.

Number Oct. 1, 1908,	4	2	—	2	8
Admitted during the year, . . .	22	9	—	—	31
Dismissed during the year, . . .	24	11	—	—	35
Number Sept. 30, 1909,	2	—	—	2	4

"Herbert Hall Hospital." — John Merrick Bemis, M.D.

	SANE.		INSANE.		Totals.
	Men.	Women.	Men.	Women.	
Number Oct. 1, 1908,	1	—	7	8	16
Admitted during the year, . . .	—	1	18	23	42
Dismissed during the year, . . .	1	—	16	13	30
Number Sept. 30, 1909,	—	1	9	18	28

"Newton Nervine and Sanatorium." — N. Emmons Paine, M.D.

Number Oct. 1, 1908,	2	7	1	1	11
Admitted during the year, . . .	7	12	5	13	37
Dismissed during the year, . . .	9	15	4	10	38
Number Sept. 30, 1909,	—	4	2	4	10

"Locust Grove Asylum." — Miss Alice R. Cooke.

Number Oct. 1, 1908,	—	—	—	3	3
Admitted during the year, . . .	—	—	—	1	1
Dismissed during the year, . . .	—	—	—	—	—
Number Sept. 30, 1909,	—	—	—	4	4

"Dr. Ring's Sanatorium." — Allan Mott Ring, M.D.

Number Oct. 1, 1908,	3	7	—	—	10
Admitted during the year, . . .	33	50	—	—	83
Dismissed during the year, . . .	34	41	—	—	75
Number Sept. 30, 1909,	2	16	—	—	18

"Framingham Nervine." — Ellen L. Keith, M.D.

Number Oct. 1, 1908,	—	7	—	1	8
Admitted during the year, . . .	—	29	—	—	29
Dismissed during the year, . . .	—	25	—	—	25
Number Sept. 30, 1909,	—	11	—	1	12

"Wellesley Nervine." — Edward H. Wiswall, M.D.

Number Oct. 1, 1908,	—	10	1	8	19
Admitted during the year, . . .	3	14	—	9	26
Dismissed during the year, . . .	1	17	—	6	24
Number Sept. 30, 1909,	2	7	1	11	21

Private Hospital. — J. F. Edgerly, M.D.

	SANE.		INSANE.		Totals.
	Men.	Women.	Men.	Women.	
Number Oct. 1, 1908,	-	2	-	-	2
Admitted during the year,	3	1	-	-	4
Dismissed during the year,	3	1	-	-	4
Number Sept. 30, 1909,	-	2	-	-	2

Private Hospital. — George B. Coon, M.D.

Number Oct. 1, 1908,	1	-	4	5	10
Admitted during the year,	1	1	2	1	5
Dismissed during the year,	1	1	1	4	7
Number Sept. 30, 1909,	1	-	5	2	8

"Highland Hall." — Samuel L. Eaton, M.D.

Number Oct. 1, 1908,	-	10	-	-	10
Admitted during the year,	2	6	-	-	8
Dismissed during the year,	2	7	-	-	9
Number Sept. 30, 1909,	-	9	-	-	9

"Dr. Reeves' Nervine." — Harriet E. Reeves, M.D.

Number Oct. 1, 1908,	-	2	-	2	4
Admitted during the year,	1	2	-	7	10
Dismissed during the year,	1	4	-	5	10
Number Sept. 30, 1909,	-	-	-	4	4

"Wheeler Sanitarium." — Mrs. Maria H. Paul.

Number Oct. 1, 1908,	-	1	1	4	6
Admitted during the year,	-	3	-	2	5
Dismissed during the year,	-	2	1	-	3
Number Sept. 30, 1909,	-	2	-	6	8

"Arlington Health Resort." — Arthur H. Ring, M.D.

Number Oct. 1, 1908,	2	6	-	3	11
Admitted during the year,	4	21	1	5	31
Dismissed during the year,	5	23	1	5	34
Number Sept. 30, 1909,	1	4	-	3	8

Private Hospital. — Edward B. Lane, M.D.

	SANE.		INSANE.		Totals.
	Men.	Women.	Men.	Women.	
Number Oct. 1, 1908,	-	-	1	-	1
Admitted during the year, . . .	-	-	-	-	-
Dismissed during the year, . . .	-	-	1	-	1
Number Sept. 30, 1909,	-	-	-	-	-

Private Hospital. — H. N. Archibald, M.D.

Number Oct. 1, 1908,	-	-	-	-	-
Admitted during the year, . . .	2	3	-	-	5
Dismissed during the year, . . .	-	-	-	-	-
Number Sept. 30, 1909,	2	3	-	-	5

Private Hospital. — Henry C. Baldwin, M.D.

Number Oct. 1, 1908,	-	-	-	-	-
Admitted during the year, . . .	-	-	-	1	1
Dismissed during the year, . . .	-	-	-	1	1
Number Sept. 30, 1909,	-	-	-	-	-

Total Smaller Private Institutions.

Number Oct. 1, 1908,	17	64	20	72	173
Admitted during the year, . . .	88	156	32	74	350
Dismissed during the year, . . .	91	152	32	63	338
Number Sept. 30, 1909,	14	68	20	83	185

FAMILY CARE OF THE INSANE UNDER THE STATE BOARD.

First patient boarded in a family, Aug. 10, 1885. Since placed, 979 different patients.

Number in families Oct. 1, 1909, 241; 10 men, 231 women. Placed during the year, 58 persons, an increase of 21.

Daily average number for the year, 235, a decrease of 16.

Passed out of public support: —

During the year, 17, an increase of 5, viz.: discharged self-supporting, 1; discharged to care of friends, 3; self-supporting on visit, 2; self-supporting in families, 8; boarded with friends without public expense, 3.

Since 1885, 208 different patients, viz.: discharged self-supporting, 86; discharged to care of friends, 38; self-supporting on visit, 2; self-supporting in families, 46; boarded with friends without public expense, 19; became private patients, 17.

Reappeared under public support:—

During the year, 7; since 1885, 53; 25 per cent.

Number of families having patients, 117, the same as last year; 60 families having 1 patient; 18 families, 2; 11 families, 3; 28 families, 4.

Number of towns in which patients are boarded, 54, an increase of 1. Largest number of patients in any one town, 60; of families, 23.

The general statistics for the year are:—

	1909.			INCREASE FOR THE YEAR.		
	Men.	Women.	Totals.	Men.	Women.	Totals.
Remaining Sept. 30, 1908,	11	233	244	2 ¹	29 ¹	31 ¹
Admitted within the year,	4	62	66	1	16	17
By transfer from institutions,	3	56	59	1	21	22
Nominally at end of visit, for discharge,	-	4	4	1 ¹	7 ¹	8 ¹
Nominally at end of escape, for discharge,	1	2	3	1	2	3
Whole number of cases within the year,	15	295	310	1 ¹	13 ¹	14 ¹
Dismissed within the year,	5	64	69	-	11 ¹	11 ¹
Viz.: Discharged,	2	12	14	-	2 ¹	2 ¹
Capable of self-support,	1	6	7	-	4 ¹	4 ¹
Requiring further care,	1	6	7	-	2	2
Transferred to institutions,	2	45	47	1 ¹	4 ¹	5 ¹
Unsuitable,	1	22	23	-	3 ¹	3 ¹
Temporarily,	-	19	19	2 ¹	7	5
Ill,	1	4	5	1	8 ¹	7 ¹
Died,	1	4	4	-	3 ¹	3 ¹
On visit, Sept. 30, 1909,	1	3	4	1	1 ¹	-
Escaped,	-	-	-	-	1 ¹	1 ¹
Remaining Sept. 30, 1909,	10	231	241	1 ¹	2 ¹	3 ¹
Viz.: Supported by State,	4	202	206	3 ¹	-	3 ¹
Reimbursing,	-	5	5	-	1 ¹	1 ¹
Private,	1	7	8	-	-	-
Self supporting,	4	13	17	2	-	2
Living with friends without public aid,	1	4	5	-	1 ¹	1 ¹
Number of different persons within the year,	14	282	296	1 ¹	15 ¹	16 ¹
Number of different persons admitted,	3	55	58	1	20	21
Number of different persons dismissed,	4	56	60	-	10 ¹	10 ¹
Daily average number,	11.26	223.27	234.53	.14 ¹	16.42 ¹	16.56 ¹
State,	6.52	196.21	202.73	1.07 ¹	12.33 ¹	14.00 ¹
Reimbursing,	-	4.55	4.55	-	.91 ¹	.91 ¹
Private,	1.00	6.63	7.63	-	2.58 ¹	2.58 ¹
Self-supporting,	2.74	12.27	15.01	1.24	1.02	2.26
Living with friends without public aid,	1.00	3.61	4.61	.31 ¹	1.02 ¹	1.33 ¹

¹ Decrease.

The total and weekly per capita expenditures of the State on account of patients in private families for the year ending Nov. 30, 1909, and since Oct. 1, 1889, are shown as follows:—

	Fiscal Year ending Nov. 30, 1909.	Since Oct. 1, 1889.
Payments for board,	\$31,403 16	\$451,629 04
Average number of patients, exclusive of private patients,	225.97	184.03
Weekly per capita cost of board,	\$2 67	\$2 35
Payments for extra clothing, not included in board rate, .	102 53	1,586 73
Payments for medical attendance, etc., not included in board rate,	143 90	3,596 94
Weekly per capita cost of such expenses outside of board rate,	02	03
Weekly per capita cost of support (being cost of board, clothing, medical attendance, etc.),	2 69	2 38
Payments for supervision (being transportation, salaries and expenses of visitors),	5,312 40	55,359 04
Average number of patients,	233.55	194.07
Weekly per capita cost of supervision,	\$0 44	\$0 27
Weekly per capita cost of support and supervision, . .	3 13	2 65

FIRST ADMISSIONS.

Of the 44 first admissions, 8 had been in institutions continuously for less than a year; 7, one to two years; 4, two to three years; 5, three to four years; 5, four to five years; 1, five to six years; 1, six to seven years; 2, seven to eight years; 2, eight to nine years; 2, nine to ten years; 1, ten to eleven years; 2, thirteen to fourteen years; 2, sixteen to nineteen years; 2, twenty-six to twenty-eight years. The average hospital residence was five years, ten months.

Of the 15 persons so residing less than two years, 3 had been previously insane inmates of institutions.

Of the 44 persons first admitted, 11 were returned to institutions. The remainder were successfully boarded; 11 improved mentally and physically, 16 improved physically, 3 were made self-supporting and 3 were not improved.

READMISSIONS.

Of the 15 such cases, 7 were readmitted for the first time, 6 for the second time, 1 for the third time and 1 for the fourth time. Nine had remained in institutions after return from boarding less than a year; 4, one to two years; 1, two to three years; 1, three to four years; the average duration being one year, one month.

Ten had been returned to institutions temporarily after boarding an average of two years; 2 as unsuitable after boarding an average of one year; 3 as ill after boarding an average of three years, three months.

· DISCHARGES.

Fourteen cases were discharged; 7 after boarding less than a year; 3, one to two years; 2, two to three years; 1, five to six years; 1, thirteen to fourteen years.

One had been continuously an inmate of an institution prior to boarding out eight to nine years; 3, five to six years; 1, three to four years; 1, two to three years; 2, one to two years; 6, less than a year.

Seven were discharged self-supporting; 5 to friends, 2 from escape.

In addition, 4 patients were on visit Oct. 1, 1909.

TRANSFERS TO INSTITUTIONS.

Forty-seven cases were transferred to institutions, 23 as unsuitable, 5 physically ill, 19 temporarily.

Of the 23 so transferred as unsuitable, 15 had boarded less than a year; 1, one to two years; 1, two to three years; 3, three to four years; 1, five to six years; 1, six to seven years; 1, seventeen to eighteen years; the average duration being two years, one month. One died in an institution after returning. Seventeen had been tried in one family, 1 in two, 2 in three, 1 in four and 2 in five.

Of the 5 so transferred as ill, 1 had boarded one to two years; 1, four to five years; 1, five to six years; 2, twenty to twenty-one years; the average duration being ten years, four months. One remained in an institution, 1 died within one month; 1, within two months; 1, within three months; and 1, within six months.

Of the 19 so transferred temporarily, 9 had boarded less than a year; 3, one to two years; 2, two to three years; 1, three to four years; 1, four to five years; 2, six to seven years; 1, nine to ten years. Six were readmitted to family care within the year.

TRANSFERS BETWEEN FAMILIES.

There were 47 transfers between families. The reasons for such transfers are shown as follows:—

Self-support,	7
Higher wages,	1
To be with friends,	2
Patient dissatisfied,	16
Patient troublesome,	4
Caretaker unsuitable,	9
Patients no longer desired,	8

DEATHS.

Four patients died; 1 after boarding three to four years; 1, six to seven years; 2, sixteen to eighteen years.

In addition, 5 died in institutions within six months after returning.

ESCAPES.

During the year 2 patients left their caretakers without leave. One was discharged to friends and the other was apprehended and returned to the Taunton hospital.

FAMILIES.

The 241 patients remaining Sept. 30, 1909, were in 117 families, the same as last year. Sixty families had 1 patient each; 18 families, 2; 11 families, 3; 28 families, 4.

Fourteen of these patients were with relatives, 7 with interested friends.

Thirty-one new families applied for patients, 8 being rejected. Nineteen new families were given patients within the year.

Two families became unsuitable and patients were withdrawn.

CITIES AND TOWNS.

The patients remaining Oct. 1, 1909, resided in 53 cities and towns:—

Amesbury, 1; Andover, 1; Arlington, 1; Ashfield, 2; Ashland, 3; Attleborough, 1; Bellingham, 1; Billerica, 3; Boston, 3; Bridgewater, 2; Brookfield, 4; Chelmsford, 1; Chelsea, 1;

Cummington, 1; Dover, 6; Dunstable, 4; Easthampton, 2; Easton, 5; Framingham, 3; Goshen, 2; Haverhill, 1; Hawley, 2; Holliston, 15; Hopkinton, 4; Hyde Park, 1; Leicester, 4; Lowell, 1; Medford, 1; Needham, 9; New Bedford, 1; New Braintree, 1; Newton, 2; Northampton, 1; North Brookfield, 12; Northborough, 2; Norton, 5; Petersham, 1; Plymouth, 1; Prescott, 1; Reading, 4; Revere, 1; Rochester, 1; Salem, 1; Somerville, 2; Southborough, 5; Taunton, 12; Tewksbury, 60; Tyngsborough, 1; Walpole, 6; Westborough, 12; Whitman, 1; Williamsburg, 5; Wilmington, 14; Woburn, 4.

FAMILY CARE OF THE INSANE UNDER TRUSTEES.

The trustees of institutions were authorized, by chapter 458 of the Acts of 1905, to place their patients in the care of private families under substantially the same conditions as the State Board.

First patient boarded in a family, June 13, 1905. Since placed, 29 different patients.

Number in families Oct. 1, 1909, 8 women.

Placed during the year, 9 persons, an increase of 5.

Number of families having patients, 5, an increase of 1; 3 families having 1 patient; 1 family, 2; 1 family, 3.

Number of towns in which patients are boarded, 4, the same as last year. Largest number of patients in any one town, 3; of families, 2.

The general statistics for the year are:—

Northampton Hospital.

	Men.	Women.	Totals.
Remaining Sept. 30, 1908,	1	5	6
Admitted within the year,	1	8	9
Whole number of cases within the year, . . .	2	13	15
Dismissed within the year,	2	5	7
Viz.: Returned to hospital,	2	4	6
Temporarily,	-	1	1
Ill,	1	1	2
Unsuitable,	1	2	3
Escaped,	-	1	1

	Men.	Women.	Totals.
Remaining Sept. 30, 1909,	-	8	8
Supported by state,	-	5	5
Private,	-	3	3
Number of different persons within the year, . .	2	13	15
Number of different persons admitted, . . .	1	8	9
Number of different persons dismissed, . . .	2	5	7
Daily average number, . . . . .	.86	6.39	7.25
State, . . . . .	.09	4.23	4.32
Private,	-	1.91	1.91
Self-supporting, . . . . .	.77	.25	1.02

STATE BONDS

as issued on Dec. 1, 1909, on account of institutions for the insane, feeble-minded, epileptic and inebriate under supervision of the Board, amounted to \$5,894,050. The annual interest charge was \$184,295.39. They are in detail for each institution:—

INSTITUTIONS.	LOANS.			Interest, 1909.	Loan Sinking Fund.
	Issued.	Due.	Amount Dec. 1, 1909.		
The Insane:—					
State hospitals:—					
Worcester,	1901-1907	1931-1936	\$158,000.00	\$5,530.00	Prisons and hospitals.
Taunton,	1901-1906	1931-1936	245,000.00	8,401.00	Prisons and hospitals.
Northampton,	1901-1907	1931-1	179,000.00	6,195.00	Prisons and hospitals.
Danvers,	1901-1908	1931-1937	232,400.00	7,964.00	Prisons and hospitals.
Westborough,	1901-1908	1931-1937	389,300.00	13,362.50	Prisons and hospitals.
Boston,	1909	1939	1,080,000.00	16,688.89	Prisons and hospitals.
Totals,	—	—	\$2,284,300.00	\$58,141.39	
State asylums:—					
Worcester,	1902-1906	1931-1935	\$370,500.00	\$12,967.50	Prisons and hospitals.
Medfield,	1894-1907	1924-1936	1,469,800.00	51,443.00	Medfield asylum.
Gardner Colony,	1902-1906	1931-1935	440,200.00	15,407.00	Prisons and hospitals.
Totals,	—	—	\$2,280,500.00	\$79,817.50	
Total hospitals and asylums,	—	—	\$4,564,800.00	\$137,958.89	
Miscellaneous:—					
Monson Hospital,	1895-1907	1925-1936	\$548,450.00	\$17,843.50	Prisons and hospitals.
Foxborough Hospital,	1906-1907	1935-1	130,000.00	5,000.00	Prisons and hospitals.
School for the Feeble-minded at Waltham,	1902-1908	1931-1937	405,000.00	15,150.00	Prisons and hospitals.
Wrentham School,	1907-1909	1935-1938	245,800.00	8,343.00	Prisons and hospitals.
Totals,	—	—	\$1,329,250.00	\$46,336.50	
Total hospitals, asylums and miscellaneous,	—	—	\$5,894,050.00	\$184,295.39	

1 Due earlier, at option of Treasurer of the Commonwealth.

THE VALUATION OF INSTITUTIONS

for these classes Dec. 1, 1909, was \$14,564,123.18, increase, \$2,058,950.73; real, \$12,433,160.39, increase, \$1,850,534.15; personal, \$2,130,962.79, increase, \$208,416.58. The valuation of the newly acquired Boston State Hospital is included this year for the first time, and accounts for the large increase in comparison with previous years. Its total valuation is \$1,217,927.50; real, \$1,138,629.00; personal, \$79,298.50.

The details for each institution are set forth in Table III. of the Appendix.

STATE EXPENSES

on account of these classes are incurred by the State Board, at the institutions under its supervision and in family care of the harmless insane. They amounted to \$3,438,889.63 for the year, an increase of \$409,206.58. In this statement the expenses of the newly acquired Boston State Hospital appear for the first time. They amount to \$273,006.67. Deducting this amount, leaves \$136,199.91 as this year's increase in expenses on the basis of previous years.

EXPENSES OF THE BOARD

were \$7,979.19 for office, traveling and contingent expenses and printing its annual report; \$30,567.96 for salaries; \$11,621.73 for transportation and deportation of patients.

Details of these expenses may be found in the financial statement of the Board, on a later page.

ALL EXPENSES AT INSTITUTIONS

for the insane, feeble-minded, epileptic, inebriate and of the harmless insane boarded in families were \$3,388,720.75, of which \$2,627,159.46 were for maintenance, \$286,620.08 for depreciation, and \$474,941.21 for increasing value of institution plants.

RECEIPTS

for the fiscal year by refunds to the State Board were \$51.24; for support of patients in family care, \$697.03; for support of patients in institutions and from sales and other sources connected therewith, \$416,567.63; a total of \$417,315.91, which leaves the net expense on account of these classes \$3,021,573.72.

Such expenses and receipts are classified in the following table: —

*Receipts and Expenses on Account of the Board and Institutions for the Insane, Feeble-minded, Epileptic and Inebriate for the
Fiscal Year ending Nov. 30, 1909.*

	EXPENSES.				Total Receipts.	Net Expenses.
	Increas- ing Value of Plant.	Depreciation.	Maintenance exclusive of Re- pairs and Improvements.	Total Expenses.		
State Board of Insanity:—						
Office, traveling and contingent expenses, salaries, and printing an- nual report,	—	—	—	\$38,547 15	—	\$38,547 15
Transportation and deportation of patients,	—	—	—	11,621 73	\$51 24	11,570 49
Totals,	—	—	—	\$50,168 88	\$51 24	\$50,117 64
The insane:—						
State hospitals:—						
Worcester,	\$57,080 54	\$35,100 90	\$258,985 65	\$351,167 09	\$65,994 95	\$285,172 14
Taunton,	2,848 49	17,224 58	220,016 80	240,089 87	36,201 08	203,888 79
Northampton,	9,689 52	14,405 83	160,425 61	175,521 02	46,868 02	128,653 00
Danvers,	9,686 84	44,838 70	248,123 54	302,659 08	66,962 52	235,696 56
Westborough,	42,164 06	20,117 40	226,910 63	289,192 09	70,673 81	218,518 28
Boston,	81,025 92	12,813 17	179,167 58	273,006 67	22,812 95	250,193 72
Totals,	\$193,505 37	\$144,500 64	\$1,263,629 81	\$1,651,635 82	\$309,513 33	\$1,322,122 49
State asylums:—						
Worcester,	\$70,402 91	\$25,833 21	\$298,761 24	\$394,997 36	\$6,037 99	\$318,959 37
Medfield,	11,950 54	22,934 69	255,063 47	319,948 70	10,386 25	309,562 45
Gardner Colony,	25,258 54	14,261 79	92,651 62	132,171 95	2,085 89	130,086 06
Totals,	\$107,611 99	\$63,029 69	\$606,476 33	\$777,118 01	\$18,510 13	\$758,607 88
Totals, hospitals and asylums,	\$301,117 36	\$207,530 33	\$1,900,106 14	\$2,408,753 83	\$328,023 46	\$2,080,730 37

Miscellaneous:—									
Mental wards, State Infirmary,	.	.	.	.	.	\$16,179 43	\$114,152 47	\$130,331 90	\$404 68
Bridgewater Hospital,	.	.	.	.	.	6,249 90	78,263 89	89,688 26	1,145 22
Monson Hospital (insane),	.	.	.	.	.	7,372 57	72,662 47	96,492 89	6,753 78
Foxborough Hospital (insane),	.	.	.	.	.	6,945 15	56,268 33	64,193 07	1,636 28
Totals, . . . . .	.	.	.	.	.	\$36,747 65	\$321,347 16	\$380,706 12	\$9,939 96
Total institutions for the insane,	.	.	.	.	.	\$244,277 38	\$3,221,453 30	\$2,780,459 95	\$338,023 42
Family care, . . . . .	.	.	.	.	.	—	\$31,691 54	31,691 54	\$697 03
Total for the insane, . . . . .	.	.	.	.	.	\$244,277 38	\$3,253,144 84	\$2,821,151 49	\$338,720 45
Feeble-minded:—									
School for the Feeble-minded at Waltham,	.	.	.	.	.	\$27,980 21	\$233,243 79	\$281,263 10	\$45,617 86
Wrentham School, . . . . .	.	.	.	.	.	3,412 31	19,902 58	137,092 36	425 65
Reimbursements to small towns,	.	.	.	.	.	—	689 89	639 89	—
Totals, . . . . .	.	.	.	.	.	\$31,402 52	\$253,846 26	\$419,055 35	\$46,043 51
Total for the feeble-minded,	.	.	.	.	.	\$31,402 52	\$253,846 26	\$419,055 35	\$46,043 51
Epileptic:—									
Monson Hospital (sane), . . . . .	.	.	.	.	.	\$7,585 04	\$74,756 49	\$99,273 67	\$20,787 29
Hospital Cottages for Children,	.	.	.	.	.	—	11,266 55	11,266 55	—
Reimbursements to small towns,	.	.	.	.	.	—	104 93	104 93	—
Totals, . . . . .	.	.	.	.	.	\$7,585 04	\$86,066 97	\$110,584 15	\$20,787 29
Total for the epileptic,	.	.	.	.	.	\$7,585 04	\$86,066 97	\$110,584 15	\$20,787 29
Inebriates:—									
Foxborough Hospital, . . . . .	.	.	.	.	.	\$3,355 14	\$27,182 77	\$31,011 14	\$11,713 42 ²
Insane hospitals, . . . . .	.	.	.	.	.	—	6,918 62	6,918 62	—
Totals, . . . . .	.	.	.	.	.	\$3,355 14	\$34,101 39	\$37,929 76	\$11,713 42
Total for the inebriate,	.	.	.	.	.	\$3,355 14	\$34,101 39	\$37,929 76	\$11,713 42
Aggregates, . . . . .	.	.	.	.	.	\$286,620 08	\$2,627,159 46	\$3,438,889 63	\$417,315 91
Totals, . . . . .	.	.	.	.	.	\$286,620 08	\$2,627,159 46	\$3,438,889 63	\$417,315 91

¹ Payment for plans and location of hospital (Ch. 626, Acts 1908) and payment for Boston Insane Hospital not included.

² Includes all receipts from cities and towns and receipts from industries.

THE WHOLE COST OF SUPPORT

of a patient in a State institution for these classes comprises: (1) the interest on the investment, computed for this purpose at the average rate of interest on loans to the State, during the current fiscal year, on the per capita valuation of the institution plant at the beginning of the year; (2) depreciation, being total expenditures for repairs and renewals both from special and maintenance appropriations, the expenses classed as "repairs and improvements" in the analysis of maintenance expenses corresponding in the main to this charge; (3) maintenance, being all expenditures from maintenance appropriations, exclusive of "repairs and improvements."

THE WHOLE WEEKLY PER CAPITA COST OF SUPPORT

for the fiscal year ending Nov. 30, 1909, averaged for all classes \$4.79, a decrease for the year of \$0.02. The interest on investment amounted to \$0.59 per capita a week, depreciation to \$0.42 and maintenance exclusive of "repairs and improvements" to \$3.78.

Receipts amounted to \$0.61 per capita a week, so that the whole net per capita cost to the State was \$4.18 a week.

CURRENT EXPENSES

of these institutions, being all expenditures for maintenance and depreciation, averaged \$4.20 a week per capita. The net current expenses after deduction of receipts were \$3.59 a week per capita.

THE SUPPORT OF THE INSANE

was most expensive, being \$4.94 a week per capita, compared with \$4.79 for all classes. The interest charge was \$0.06 a week per capita more, the depreciation charge was \$0.02 a week per capita more and the maintenance charge \$0.09 more.

It is to be noted that the insane in *hospitals* were supported at an average cost of \$5.12 a week per capita, compared with \$4.56 in *asylums*. Such increase is largely due to a greater expense in maintenance, being \$0.39 a week per capita more in hospitals. The hospitals receive the new patients from the

community, and require a more expensive medical and nursing staff; while the asylums receive only chronic cases by transfer from the hospitals, who need relatively less expensive treatment.

The interest charge was \$0.10 a week more per capita in hospitals, and the depreciation charge was \$0.07 a week more per capita.

In the comparison of

RECEIPTS OF THE DIFFERENT INSTITUTIONS

it should be borne in mind that the State now supports not only the insane, but since Dec. 1, 1908, the feeble-minded and epileptic, and since July 1, 1909, the inebriate in all of the institutions under the supervision of the Board. Receipts from cities and towns for the support of feeble-minded and epileptic have fallen to \$34,620.13, compared with \$112,083.83 the previous year, and will entirely disappear as soon as all such accounts shall have been closed. This change of support affects the Massachusetts School for the Feeble-minded at Waverley, the Wrentham State School, the Monson State Hospital and the Foxborough State Hospital. The large receipts of State hospitals for the insane are for board of private patients, while the small receipts of the asylums are due to the exclusion of private patients. Both classes of institutions have reimbursing patients who pay for their support in part.

Further details are set forth for each institution in the following table: —

Whole Weekly per Capita Cost of Support of a Patient in the Institutions for the Insane, Feeble-minded, Epileptic and Inebriate, for the Fiscal Year ending Nov. 30, 1909.

INSTITUTIONS.	Average Number of Patients, 1909.	Valuation of Plant Nov. 30, 1908.	Per Capita Valuation.	WEEKLY PER CAPITA COST.							
				Interest 3-13 Per Cent.	Deprecia- tion.	Maintenance, exclusive of Re- pairs and Im- provements.	Gross Cost.	Receipts.	Net Cost.		
The insane:—											
State hospitals:—											
Worcester,	1,241	\$1,725,090 34	\$1,390 08	\$0 84	\$0 54	\$4 05	\$5 43	\$1 02	\$4 41		
Taunton,	972	704,418 32	786 44	47	34	4 37	5 18	72	4 46		
Northampton,	858	812,501 32	946 97	57	32	3 60	4 49	1 05	3 41		
Dravers,	1,441	1,843,625 00	1,279 41	77	60	3 32	4 69	89	3 80		
Westborough,	972	929,436 40	956 21	58	40	4 54	5 52	1 35	4 17		
Boston,	757	1,000,000 00	1,303 78	78	32	4 49	5 59	5 57	5 02		
Totals and averages,	6,251	\$7,075,071 38	\$1,131 83	\$0 68	\$0 44	\$4 00	\$5 12	\$0 95	\$4 17		
State asylums:—											
Worcester,	1,081	\$935,303 48	\$865 22	\$0 52	\$0 46	\$4 07	\$5 05	\$0 11	\$4 94		
Medfield,	1,595	1,697,952 19	1,064 55	64	28	3 44	4 36	13	4 23		
Gardner Colony,	559	473,075 51	846 29	51	49	3 19	4 19	07	4 12		
Totals and averages,	3,235	\$3,106,331 18	\$960 23	\$0 58	\$0 37	\$3 61	\$4 56	\$0 11	\$4 45		
Totals and averages, hospitals and asylums,	9,486	\$10,181,402 56	\$1,073 31	\$0 65	\$0 42	\$3 87	\$4 94	\$0 66	\$4 28		
Miscellaneous:—											
Monson Hospital,	704	\$634,924 04	\$901 88	\$0 54	\$0 41	\$4 03	\$4 98	\$0 75	\$4 23		
Foxborough Hospital,	307	342,782 18	1,116 55	67	65	5 23	6 55	84	5 71		
School for the Feeble-minded at Watham,	1,281	999,113 32	709 69	43	42	3 50	4 35	68	3 67		
Wrentham School,	44	97,784 46	2,222 37	1 34	1 50	8 70	11 54	19	11 35		
Totals and averages,	2,336	\$1,984,604 00	\$849 57	\$0 51	\$0 47	\$3 98	\$4 96	\$0 72	\$4 24		
Totals and averages, hospitals, asylums and miscel- laneous,	11,822	\$12,166,006 56	\$1,029 10	\$0 62	\$0 43	\$3 89	\$4 94	\$0 67	\$4 27		
Mental wards, State Infirmary,	689	\$412,419 73	\$598 58	\$0 36	\$0 45	\$3 19	\$4 00	\$0 01	\$3 99		
Bridgewater Hospital,	637	333,897 44	524 17	32	19	2 36	2 87	03	3 81		
Totals and averages,	1,326	\$746,317 17	\$562 83	\$0 34	\$0 33	\$2 79	\$3 45	\$0 02	\$3 44		
Aggregates,	13,148	\$12,912,323 73	\$982 07	\$0 59	\$0 42	\$3 78	\$4 79	\$0 61	\$4 18		

STATE APPROPRIATIONS

to institutions are made up in two forms: (1) special, and (2) maintenance.

Special appropriations are now made, in the main, for land, buildings and improvements adding to the value of the institution plants. Only \$12,077.12 was expended from special appropriations for repairs and renewals during the fiscal year.

Maintenance appropriations provide for current expenses, inclusive of repairs and improvements. Expenditures from such appropriations for repairs and improvements were \$274,543.06 (inclusive of labor) during the fiscal year.

In making estimates for appropriations this distinction should be strictly observed. All repairs and renewals necessary to the upkeep of an institution should be included under the head of "repairs and improvements" in the classification of maintenance expenses. Only incidental improvements necessarily involved in repair and replacement should be so included. Special appropriations should provide only for new work adding to the value of the plant.

EXPENDITURES FROM SPECIAL APPROPRIATIONS

to institutions for the insane, feeble-minded, epileptic and Foxborough State Hospital during the fiscal year amounted to \$487,018.33, compared with \$323,966.25 the previous year, and \$571,652.79, the average the last five years.

There was expended for land the sum of \$79,450.00; buildings, \$307,012.86; first furnishing and equipping, \$6,757.99; water supply, \$54,309.46; all other purposes adding to the value of the plant, \$27,410.90; repairs and renewals, \$12,077.12.

Such expenditures were below the average, and below the minimum requirement for these purposes, if overcrowding the insane is to be avoided, and if the policy of steady and progressive extension of accommodation for feeble-minded and epileptic children continued.

EXPENDITURES FROM MAINTENANCE APPROPRIATIONS

to such institutions, inclusive of repairs and improvements, amounted to \$2,858,000.51, compared with \$2,513,339.38 the previous year, and \$2,449,655.88, the average the last five years.

Salaries, wages and labor amounted to \$1,100,118.60, compared with \$952,047.75 the previous year.

Food supplies cost \$715,052.35, compared with \$627,872.19.

Clothing and clothing material cost \$123,847.05, compared with \$107,088.03.

Furnishings cost \$117,057.79, compared with \$90,620.22.

Heat, light and power cost \$233,773.75, compared with \$236,841.35.

Repairs and improvements cost \$171,388.73 (exclusive of labor), compared with \$139,156.86.

Farm, stable and grounds cost \$207,943.17, compared with \$190,409.42.

Miscellaneous expenses cost \$188,819.07, compared with \$169,303.56.

Details of such expenses for each institution may be found in Table V. of the Appendix.

INCREASE OF MAINTENANCE EXPENSES

over the previous year was \$344,661.13, or 13.71 per cent. This is accounted for largely by the increase of patients cared for in these institutions. In 1909 an average of 13,148 patients were cared for, compared with 11,676 the previous year, an increase of 1,472, or 12.61 per cent.

Such increases of patients and expenses over the previous year are accounted for largely by the appearance in this statement this year for the first time of the Boston State Hospital, which cared for an average of 767 patients, or 52.11 per cent. of the above increase, and whose maintenance expenses were \$191,980.75, or 55.70 per cent. of the above increase.

It is to be observed that the increase in maintenance expenses is only 1.1 per cent. greater than the increase of patients, which

is more than accounted for by shortening hours of labor, increase of wages and the higher cost of food, clothing, etc.

The increase in salaries, wages and labor was \$148,070.85, or 42.96 per cent. of the total increase of maintenance expenses.

The increase in cost of food was \$87,180.16, or 25.29 per cent. of such increase.

The increase in cost of clothing and clothing material was \$16,759.02, or 4.86 per cent. of such increase.

The increase in cost of furnishings was \$26,437.57, or 7.67 per cent. of such increase.

There was an actual decrease in cost of heat, light and power amounting to \$3,067.60. This is accounted for by a less amount of coal on hand at the end of the year and the fact that the price of coal was unusually low.

The increase in cost of repairs and improvements was \$32,231.87, or 9.35 per cent. of the above increase.

The increase in cost of farm, stable and grounds was \$17,533.75, or 5.09 per cent. of the above increase.

Miscellaneous expenses increased \$19,515.51, or 5.66 per cent. of the above increase.

THE WEEKLY PER CAPITA COST

of maintenance averaged in these institutions \$4.14, based on net expenses. Net expenses represent every expenditure from maintenance funds made on account of the institutions. They are the gross maintenance expenses, less receipts, except for support of patients. Such receipts are income from sale of products, other earnings of the various departments, or repayments for articles purchased for the use of employees and sold to them at cost, *e.g.*, cloth for nurses' uniforms, which is in some cases bought by the institution in order that the same material may be used, and obtained at the lowest price.

This sum includes an average weekly expenditure of \$0.40 for repairs and improvements (inclusive of labor), so that the net cost of maintenance, exclusive of depreciation charges, was \$3.74.

In the State hospitals the weekly cost averaged \$4.39, com-

pared with \$4.36 the previous year, an increase of \$0.03, or 0.68 per cent.

In the State asylums the weekly cost averaged \$3.94, compared with \$3.99 the previous year, a decrease of \$0.04, or 1 per cent.

In the insane hospitals and asylums together the weekly cost averaged \$4.24, compared with \$4.23 the previous year, an increase of \$0.01, or 0.23 per cent.

The cost in hospitals and asylums fairly represents the average for all classes of the insane.

Further information in regard to weekly per capita cost for each institution will be found in Table VII. of the Appendix.

THE METHOD OF SUPPORT

of patients in such institutions is *private*, if the whole expense be paid from private resources; *reimbursing*, if a part be paid from private resources; and *public*, if the whole be paid by the State or municipality.

The insane are supported by the State so far as they become public charges, and, with the same qualification, the feeble-minded and epileptic in public institutions since Dec. 1, 1908, and also the inebriates in the Foxborough State Hospital since July 1, 1909.

The following table shows the

SUPPORT STATUS OF THE INSANE

on Oct. 1, 1909, and the averages for the year: —

NUMBER OF PATIENTS OCT. 1, 1909.					AVERAGE NUMBER OF PATIENTS OCT. 1, 1908, TO SEPT. 30, 1909.								
	State.	Reim- bursing.	Private.	Total.	STATE.		REIMBURSING.			PRIVATE.			Total.
					Number.	Percent- age.	Number.	Percent- age.	Average Rate of Board.	Number.	Percent- age.	Average Rate of Board.	
Public institutions, . . .	10,038	646	806	11,490	9,840	87.45	630	5.60	\$3 05	782	6.95	\$5 11	11,252
Family care, . . .	206	5	30	241	203	86.38	5	2.13	3 07	27	11.49	3 80 ¹	235
Total public, . . .	10,244	651	836	11,731	10,043	87.43	635	5.53	\$3 05	809	7.04	\$5 09	11,487
Private institutions, . . .	-	-	321	321	-	-	-	-	-	314	-	-	314
Total public and private, .	10,244	651	1,157	12,052	10,043	85.10	635	5.38	-	1,123	9.52	-	11,801
Percentages, . . .	85	5.40	9.60	-	85.10	-	5.38	-	-	9.52	-	-	-

¹ Exclusive of 15 self-supporting and 5 living with friends without public aid.

It thus appears that 10,043 patients under public care, or 87.43 per cent., were State charges during the year, compared with 87.87 per cent. the previous year; that 635, or 5.53 per cent., were reimbursing, compared with 4.76 per cent. the previous year; and that 809, or 7.04 per cent. were private, compared with 7.31 per cent. the previous year.

The average weekly rate of private board was \$5.10, compared with \$5.44 the previous year; the average reimbursing rate was \$3.05, the same as the previous year.

ESTIMATES OF STATE EXPENSES FOR 1910

on account of the insane, feeble-minded, epileptic and inebriates in Foxborough State Hospital amount to \$3,812,010.89, excluding estimates for maintenance of the insane department of the State Infirmiry and the Bridgewater State Hospital, whose estimates are inseparable from those of the institutions as a whole, which are supervised by the State Board of Charity. They comprise estimates by the State Board and by the State institutions.

ESTIMATES BY THE STATE BOARD.

For traveling, office and contingent expenses, including the printing and binding of the annual report of the Board, . . .	\$8,000
This estimate is the same as the appropriation of the previous year.	
For salaries and wages of officers and employees, . . .	37,500
The increase in salaries is due to a greater amount of work necessitated by the new insanity law and the recent acquisition of the Boston State Hospital, in addition to the regular salary advances for length of service.	
For transportation and medical examination of State paupers under the charge of the Board, . . .	11,500
This estimate is the same as the appropriation of the previous year.	
For the support of insane paupers boarded out in families under the charge of the Board, or temporarily absent under authority of the same, . . .	35,000
The decrease in the estimate for the support of insane paupers boarded out in families, etc., is due to a decrease in the estimated number of patients to be supported by the State.	

For the support of State paupers in the Hospital Cottages
for children, \$11,500

The decrease in the estimate for the support of State
paupers in the Hospital Cottages for Children is due
to a decrease in the estimated number of patients to
be supported by the State.

ESTIMATES BY STATE INSTITUTIONS

relate (1) to maintenance expenses, inclusive of repairs and
improvements, and (2) special expenditures for new buildings,
additions, new furnishings and equipment, in the main.

ESTIMATES FOR MAINTENANCE EXPENSES

of the State institutions have been considered by the Board,
as required by section 5, chapter 504, Acts of 1909, and are
approved according to the following classification:—

Comparative Estimates for Maintenance during the Fiscal Year 1910.

	AVERAGE NUMBER OF PATIENTS.		Salaries, Wages and Labor.	Food.	Clothing.	Furnishings.	Heat, Light and Power.	Repairs and Improvements.	Farm, Stable and Grounds.	Miscellaneous.	Totals.
	1909.	1910 (estimated).									
Worcester Hospital,	1,241	1,353	\$115,000 00	\$90,000 00	\$14,000 00	\$14,800 00	\$26,000 00	\$17,000 00	\$21,500 00	\$18,000 00	\$316,300 00
Taunton Hospital,	972	985	99,000 00	60,000 00	11,000 00	11,000 00	17,000 00	9,000 00	15,000 00	13,000 00	236,000 00
Northampton Hospital,	838	872	70,000 00	55,000 00	6,000 00	6,000 00	13,500 00	10,000 00	17,000 00	12,000 00	193,500 00
Danvers Hospital,	1,441	1,450	116,000 00	70,000 00	13,500 00	11,000 00	27,500 00	30,000 00	20,000 00	24,000 00	312,000 00
Westborough Hospital,	972	1,045	116,000 00	61,000 00	7,500 00	12,000 00	27,500 00	16,000 00	15,000 00	13,000 00	271,000 00
Worcester Asylum,	1,081	1,125	108,000 00	62,000 00	14,000 00	10,000 00	24,000 00	12,000 00	15,000 00	13,000 00	328,000 00
Medfield Asylum,	1,525	1,640	130,650 00	84,800 00	18,000 00	8,250 00	29,000 00	17,500 00	20,500 00	11,800 00	320,500 00
Gardner Colony,	559	612	45,000 00	25,000 00	7,000 00	4,500 00	12,000 00	9,500 00	14,000 00	8,000 00	125,000 00
Monson Hospital,	704	745	73,000 00	42,000 00	4,250 00	5,150 00	11,100 00	10,200 00	11,500 00	13,800 00	171,000 00
Foxborough Hospital,	307	318	34,800 00	23,000 00	3,000 00	3,000 00	10,000 00	7,500 00	6,200 00	10,200 00	97,700 00
School for the Feeble-minded at Waltham,	1,281	1,344	105,000 00	67,000 00	15,000 00	11,000 00	19,000 00	18,000 00	23,000 00	15,820 89 ¹	273,820 89 ¹
Wrentham School,	44	150	18,700 00	10,500 00	2,000 00	2,000 00	5,000 00	1,800 00	6,000 00	3,000 00	43,000 00
Total,	11,055	11,649	\$1,031,150 00	\$650,300 00	\$110,250 00	\$102,700 00	\$221,600 00	\$158,500 00	\$185,700 00	\$166,620 89	\$2,626,820 89
Boston Hospital,	767	820	90,000 00	44,900 00	6,950 00	10,300 00	20,000 00	13,000 00	13,900 00	14,500 00	213,550 00
Aggregate,	11,822	12,469	\$1,121,150 00	\$695,200 00	\$117,200 00	\$113,000 00	\$241,600 00	\$171,500 00	\$199,600 00	\$181,120 89	\$2,840,370 89
Expenses 1909 (inclusive of Boston),	-	-	\$1,038,765 14	\$654,654 34	\$106,281 91	\$107,610 65	\$216,794 23	\$154,016 50	\$195,590 63	\$169,441 42	\$2,643,154 82
Increase 1910 (inclusive of Boston),	-	647	\$82,384 86	\$40,545 66	\$10,918 09	\$5,389 35	\$24,805 77	\$17,483 50	\$4,009 37	\$11,679 47	\$197,216 07
Receipts in Treasury December 1,	-	-	-	-	-	-	-	-	-	-	\$414,957 74
Total to be appropriated in addition to receipts,	-	-	-	-	-	-	-	-	-	-	\$2,425,413 15

¹ Includes sewage disposal.

It thus appears that the estimates for maintenance of State institutions under the supervision of the Board, exclusive of the State Infirmary and the Bridgewater State Hospital, amount to \$2,840,370.89, compared with \$2,643,154.82 expended in 1909. — an increase of \$197,216.07, or 7.46 per cent.

The average number of inmates in these institutions next year is estimated to be 12,469, compared with 11,822 the past year, — an increase of 647, or 5.47 per cent.

The increase in this year's estimates is largely due to the increase in the number of inmates to be cared for. The estimates for salaries, wages and labor call for an increase of \$82,384.86, or 41.77 per cent. of the total increase of maintenance expenses. The estimates for food call for an increase of \$40,545.66, or 20.56 per cent. of the total increase of maintenance expenses. These two items account for 62.33 per cent. of the total increase of maintenance expenses.

ESTIMATES FOR SPECIAL APPROPRIATIONS

of the State institutions under the supervision of the Board have been considered in compliance with section 5, chapter 504, Acts of 1909, and are classified below under the title of each institution, with the expression of the Board's opinion as to the necessity and amount of appropriations required. The Board has been governed in its recommendations by the following considerations: —

(1) Relief of overcrowding by furnishing accommodation for the insane and other classes, as indicated by the foregoing figures.

(2) Better provision for the treatment and classification of acute and curable patients.

(3) Isolation and open-air treatment of tubercular patients.

(4) Least expensive provision for quiet, able-bodied patients in farm colonies, where they can be trained in useful occupations.

(5) Accommodation for nurses and employees, necessitated by the increase of patients.

These estimates as made by the trustees of institutions amount to \$980,640, but the State Board recommends appropriating \$868,140, a reduction of \$112,500.

In some cases the Board has recommended deferring appro-

priations which will eventually be necessary, believing that such action was permissible, and that the unusual demands of this year required it. The unusual demands of this year arise from the above-noted sudden and unusual increase of the insane the last two years, and the deficiency of appropriations for this class in 1907 and 1908, which accounts for the small number of beds about to become available. The average amount annually appropriated for this purpose for the last eleven years is \$547,470.72.

These estimates are classified according to institutions as follows:—

Worcester Hospital.

Constructing, furnishing and equipping an addition to the main hospital building and alterations therein, sufficient to accommodate 146 male patients and provide dining rooms for attendants and patients,	\$98,200
Purchase of land,	18,000
	<hr/>
	\$116,200

The above estimates are approved by the State Board.

The purchase of this land is very important, in view of the future needs of the hospital. It borders land owned by the State, and lies close up to the present buildings. If it should be occupied by private dwellings, their nearness to the hospital would occasion serious complaint by the public, and impair the usefulness of the institution.

Taunton Hospital.

Constructing, furnishing and equipping two additions to the main hospital building, sufficient to accommodate 80 patients, in addition to congregate dining rooms and treatment rooms, and the necessary connections with water, sewer and heating mains,	\$68,500
Construction of cow barn at Raynham Colony,	4,000
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	\$72,500
Completion of sewerage system,	—

The above estimates are approved by the State Board.

In the appropriation for connecting the hospital sewer with the sewerage system of the city of Taunton, no allowance was

made for rock excavation. Unexpectedly, however, rock has been struck at the bottom of a deep cut near the buildings, whose removal will necessitate an additional appropriation, the exact amount to be determined as soon as possible.

Danvers Hospital.

Reconstruction and addition of a second story over part of the laundry building,	\$11,000
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The above estimate is approved by the State Board.

Westborough Hospital.

Constructing and furnishing a colony group of three one-story buildings of wood, sufficient to accommodate 100 women patients and the necessary nurses and employees, and to provide kitchen, dining rooms and local heating plant,	\$57,000
Constructing and furnishing a sanitarium for 40 tubercular women patients,	6,000
Constructing a sewage reservoir and connecting it with the present sewerage system, providing a suitable covering therefor, and necessary equipment for pumping sewage, .	4,000
	<hr/>
	\$67,000

The above estimates are approved by the State Board.

In addition, the trustees request an appropriation of \$42,000 for constructing and equipping a central heating, electric lighting and power plant, and building a side track thereto from Talbot railroad station. After inspection of the proposed location of the plant and mature consideration of the general plan, the Board deems the proposition worthy of further investigation and probably necessary in meeting future needs, but believes that the development will be so gradual as to allow postponement for some years.

Boston Hospital.

Constructing and furnishing an addition to the Butler building, to provide treatment rooms for acute and curable patients,	\$39,000
Constructing and furnishing infirmary buildings sufficient to accommodate 300 patients and the necessary officers and nurses,	275,000
Constructing and equipping a building to provide an extension to the present laundry, carpenter and machine shops and industrial rooms for patients,	44,000
	<hr/>
	\$358,000

The above estimates are approved by the State Board.

Worcester Asylum.

Constructing and furnishing two one-story wooden buildings, each accommodating 50 patients,	\$41,300
Addition and alterations of old buildings at No. 1 Colony at Grafton, providing kitchen, dining room and employees' rooms, and furnishing the same,	9,700
	<hr/>
	\$51,000

The above estimates are approved by the State Board.

Medfield Asylum.

Constructing and equipping a laundry,	\$37,000
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The above estimate is approved by the State Board.

In addition, the trustees request an appropriation of \$17,000 for the purchase of the Stubbs farm, which adjoins the present asylum property. This land is needed for cultivation and for the protection of the asylum, and at a fair figure should be bought. The Board, however, considers the asking price too high, and recommends no action at present.

Gardner Colony.

Extending coal trestle,	\$1,200
Constructing and furnishing two houses for employees,	10,000
Constructing and furnishing a building for 28 women patients,	10,000
Alterations in storehouse,	1,000
Purchase of land and buildings thereon,	7,000
	<hr/>
	\$29,200

The above estimates are approved by the State Board.

Massachusetts School for the Feeble-minded.

Constructing a hospital for adult male patients,	\$10,000
Constructing an addition to South Nurses' Home,	15,000
Constructing iron stairways and fire-escapes for administration building,	3,000
Purchase of milch cows and dairy equipment for the Templeton Colony,	8,000
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	\$36,000

The above estimates are approved by the State Board.

Wrentham School.

Constructing and furnishing a building for 130 custodial patients,	\$65,000
Constructing and furnishing a house for employees,	11,500
Constructing cow stable, hay barn and silo,	4,000
Extension of electric lighting to the farm buildings,	1,000
	<hr/>
	\$81,500

The above estimates are approved by the State Board.

In addition, the trustees request an appropriation of \$42,000 for a new dormitory and one of \$11,500 for an employee's house. Both buildings are needed, and suitable plans have been presented, but the Board deems it advisable to defer their construction, inasmuch as requirements at other institutions are more pressing and the sum total of necessary appropriations is unusually large this year.

Monson Hospital.

Extension of sewerage system,	\$6,000
Purchase of land,	740
Constructing and furnishing a house for employees,	2,000
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	\$8,740

The above estimates are approved by the State Board.

Northampton Hospital, Foxborough Hospital, State Infirmary and Bridgewater State Hospital have made no requests for special appropriations this year.

SUMMARY OF RECOMMENDATIONS FOR SPECIAL APPROPRIATIONS.

Insane.

Constructing, furnishing and equipping buildings for patients and nurses,	\$595,000
Number of patients provided for,	818
Average per capita cost,	\$679 35
Number of nurses provided for,	50
Average per capita cost,	\$785 22
Patients and nurses provided for,	868
Average per capita cost,	\$685 48
Land, buildings for officers and employees and for administrative purposes, including furnishing and equipment, improvements and repairs,	151,270
	<hr/>
Total,	\$746,270

Feeble-minded.

Constructing, furnishing and equipping buildings for patients and nurses,	\$90,000
Number of patients provided for,	154
Average per capita cost,	\$487 01
Number of nurses provided for,	21
Average per capita cost,	\$714 28
Patients and nurses provided for,	175
Average per capita cost,	\$514 28
Land, buildings for officers and employees and for administrative purposes, including furnishing and equipment, improvements and repairs,	27,500
	<hr/>
Total,	\$117,500

Epileptic.

Land, buildings for officers and employees and for administrative purposes, including fur- nishing and equipment, improvements and repairs,	\$4,370
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All Classes.

Constructing, furnishing and equipping build- ings for patients and nurses,	\$685,000
Number of patients provided for,	972
Average per capita cost,	\$648 88
Number of nurses provided for,	71
Average per capita cost,	\$764 59
Patients and nurses provided for,	1,043
Average per capita cost,	\$656 75

Land, buildings for officers and employees and for administrative purposes, including fur- nishing and equipment, improvements and repairs,	183,140
Total,	\$868,140

THE PERSONNEL OF THE BOARD

has not changed within the year. Dr. Elmer E. Southard, professor of neuropathology in the Harvard Medical School, and formerly pathologist to the Danvers State Hospital, was appointed pathologist to the Board and took up his duties May 1. He visits the different institutions with particular reference to the supervision of their clinical, pathological and research work, and, in an advisory capacity, endeavors to stimulate interest in this direction, co-ordinate the efforts of the other pathologists and promote the attainment of the best results from the standpoint of treatment of patients and contribution to the knowledge of insanity.

Dr. Daniel H. Fuller, formerly second assistant physician for six years in the McLean Hospital, and superintendent of the Adams Nervine during the last eleven years, was made assistant to the executive officer September 20. The immediate cause of this appointment arose out of the temporary arrangement under which the executive officer assumed the superintendency of the Boston State Hospital, but its permanence was necessitated by the increasing demands upon that officer, which

were restricting his visits to institutions to an undesirable extent, and, furthermore, by the large addition to the general work of the Board under the provisions of the new insanity law, which required the licensing and supervision of all the private institutions for the treatment of the epileptic, feeble-minded and persons addicted to the intemperate use of narcotics or stimulants, and also the investigation and approval of the Board before the discharge of violent and dangerous patients from institutions.

Twenty-seven Board meetings were held during the year.

Seventeen conferences with the trustees and superintendents of the different institutions were arranged to promote harmonious action with relation to appropriations, construction and general policy.

Thirty-eight visits of inspection to institutions were made by the Board, in addition to 285 by the executive officer, the deputy executive officer, the pathologist, assistant to the executive officer and the financial agent of the Board.

Careful attention has been paid to all complaints as to commitment, discharge or treatment of patients, whether originating with the latter or otherwise. Forty-six special investigations were made in regard to these and kindred matters relating to patients in institutions.

Licenses were granted during the year as follows: to H. N. Archibald, M.D., in Cheshire, a license to care for the insane; and to Henry C. Baldwin, M.D., a license for the care and treatment of persons addicted to the intemperate use of narcotics or stimulants.

In compliance with section 8, chapter 504, Acts of 1909,

PLANS AND SPECIFICATIONS

have been examined and approved by the Board as follows:—

Taunton Hospital. — Completing sewerage system (chapter 81, Resolves of 1909) approved Dec. 30, 1908.

Westborough Hospital. — Building for acute insane (chapter 522, Acts of 1909) approved Dec. 30, 1908; modifications approved June 9, 1909.

Worcester Asylum. — Three houses for employees (chapter 522, Acts of 1909) approved Dec. 30, 1908.

Dining room building (chapter 522, Acts of 1909) approved Dec. 30, 1908.

Medfield Asylum. — Improving and extending the sewerage beds (chapter 80, Resolves of 1909) approved Aug. 1, 1908.

Gardner Colony. — Constructing two industrial buildings (chapter 522, Acts of 1909) approved Dec. 30, 1908.

Bridgewater Hospital. — Building for criminal insane (chapter 522, Acts of 1909) approved Dec. 30, 1908.

Monson Hospital. — Administration building (chapter 475, Acts of 1909) approved Dec. 30, 1908; modifications approved July 14, 1909.

Two dormitories (chapter 475, Acts of 1909) approved Dec. 30, 1908; modifications approved July 14, 1909.

Massachusetts School for the Feeble-minded. — Construction of iron stairways and fire escapes (chapter 99, Resolves of 1909) approved Dec. 30, 1908.

Wrentham School. — Laundry building (chapter 101, Resolves of 1909) approved Dec. 30, 1908; modifications approved July 14, 1909.

Financial Statement of the Board for the Fiscal Year ending Nov. 30, 1909.

	DEBITS.						Totals.
	CASH RECEIPTS ON ACCOUNT OF —				Interest on Bank Account.		
	Balance brought forward by State Auditor.	Appropriations.	Refunds.	Family Care.		State Institutions.	
Traveling and office expenses,	-	\$8,000 00	-	-	-	-	\$8,000 00
Salaries of officers and employees,	-	31,550 00	-	-	-	-	31,550 00
Transportation and medical examination,	\$70 49	11,500 00	\$51 24	-	-	-	11,621 73
Support of insane boarded out in families,	-	38,000 00	-	-	-	-	38,000 00
Support of insane in Boston Insane Hospital,	-	31,353 22	-	-	-	-	31,353 22
Support of State paupers in Hospital Cottages for Children,	-	12,000 00	-	-	-	-	12,000 00
Reimbursement of small towns,	-	804 82	-	-	-	-	804 82
Plans and location of a hospital (Acts of 1908, chapter 626),	-	10,000 00	922 77	-	-	-	10,922 77
Payment to city of Boston for Boston Insane Hospital Acts of 1908, chapter 613, and Acts of 1909, chapter 401),	-	1,000,000 00	-	-	-	-	1,000,000 00
Cash received in reimbursement for the support of patients,	-	-	-	\$697 03	\$24,715 62	\$39 67	25,452 32
Refund on appropriation for the support of insane boarded out in families for the year ending Nov. 30, 1908,	-	-	5 25	-	-	-	5 25
	\$70 49	\$1,143,208 04	\$979 26	\$697 03	\$24,715 62	\$39 67	\$1,169,710 11

Financial Statement of the Board for the Fiscal Year ending Nov. 30, 1909 — Concluded.

	CREDITS.				
	Expenditures from Approp- riations.	Balance.	Paid to State Treasurer.	Paid to State Institutions.	Totals.
Traveling and office expenses,	\$7,979 19	\$20 81	-	-	\$8,000 00
Salaries of officers and employees,	30,567 96	982 04	-	-	31,550 00
Transportation and medical examination,	11,621 73	-	-	-	11,621 73
Support of insane boarded out in families,	31,691 54	6,308 46	-	-	38,000 00
Support of insane in Boston Insane Hospital,	31,353 22	-	-	-	31,353 22
Support of State paupers in Hospital Cottages for Children,	11,205 55	794 45	-	-	12,000 00
Reimbursement of small towns,	804 82	-	-	-	804 82
Plans and location of a hospital (Acts of 1908, chapter 626),	6,413 69	4,509 08	-	-	10,922 77
Payment to city of Boston for Boston Insane Hospital (Acts of 1908, chapter 613, and Acts of 1909, chapter 401),	1,000,000 00	-	-	-	1,000,000 00
Cash received in reimbursement for the support of patients,	-	-	\$2,586 67	\$22,865 65	25,452 32
Refund on appropriation for the support of insane boarded out in families for the year ending Nov. 30, 1908,	-	-	5 25	-	5 25
	\$1,131,637 70	\$12,614 84	\$2,591 92	\$22,865 65	\$1,169,710 11

ITEMIZED STATEMENT OF EXPENDITURES.

Traveling and office expenses:—

Traveling expenses:—

Members of the Board,	\$468 22
Owen Copp,	\$80 89
Lowell F. Wentworth,	273 27
William T. Hanson,	323 81
Elmer E. Southard,	41 32
Daniel H. Fuller,	35 19
Francis B. Gardner,	132 67
Elmer R. Libby,	185 42
Benjamin F. Ward,	309 57
Fernald Hutchins,	378 52
Paul A. Green,	87 27
Mabel G. Gragg,	311 18
Lois B. Brewster,	294 88
	<hr/>
	2,453 99
	<hr/>
	\$2,922 21

Office expenses:—

Express,	\$41 35
Postage,	612 02
Printing and binding,	941 65
Printing and binding an- nual report,	1,129 40
Publications,	234 08
Stationery and office sup- plies,	794 30
Telephone and telegrams,	145 96
Extra service,	44 18
Taking Boston Insane Hospital,	1,011 70
Miscellaneous,	102 34
	<hr/>
	5,056 98
	<hr/>

\$7,979 19

Salaries of officers and employees:—

General office:—

Owen Copp, M.D., secretary and executive officer,	\$5,500 00
Lowell F. Wentworth, M.D., deputy executive officer,	3,000 00
Elmer E. Southard, M.D., pathol- ogist,	1,458 32
	<hr/>

Amount carried forward, \$7,979 19

<i>Amount brought forward,</i>		\$7,979 19
Daniel H. Fuller, M.D., assistant to executive officer,	391 67	
Sarah Chapman, first clerk (not full time),	808 33	
Nellie F. Ball, second clerk,	858 33	
Eda W. Fitch, clerk,	666 66	
Bessie M. Field, stenographer,	626 24	
Althea L. Barrington, clerk,	600 00	
Florence H. McIntire, stenographer,	275 27	
Fred A. Hewey, transportation officer,	1,200 00	
Ella Heal, transportation officer,	800 00	
Financial department: —		
Elmer R. Libby, financial agent,	2,135 00	
Rebecca J. Greene, accountant,	800 00	
Edith A. Stevens, clerk,	731 46	
Support department: —		
Francis B. Gardner, support agent,	2,000 00	
Benjamin F. Ward, visitor,	1,500 00	
Fernald Hutchins, visitor,	1,200 00	
Paul A. Green, clerk,	800 00	
Maudie F. Freethy, stenographer,	800 00	
Family care: —		
William T. Hanson, M.D., medical director,	2,000 00	
Mabel G. Gragg, visitor,	891 67	
Lois B. Brewster, visitor,	783 34	
Clara L. Fitch, stenographer,	741 67	
		<hr/> 30,567 96
Transportation and medical examination: —		
Traveling expenses, officers: —		
Fred A. Hewey, \$803 90		
Ella Heal, 545 37		
Mabel G. Gragg, 247 91		
Lois B. Brewster, 217 90		
		<hr/> \$1,815 08
Traveling expenses, patients,	7,884 60	
Assistance,	1,817 66	
Express,	52 93	
Telephone and telegrams,	11 66	
Medical examination,	8 80	
Miscellaneous,	31 00	
		<hr/> 11,621 73
<i>Amount carried forward,</i>		\$50,168 88

<i>Amount brought forward,</i>	\$50,168 88
Support of insane boarded out in families:—	
Board,	\$31,403 16
Clothing,	102 53
Medical attendance and medicine,	143 90
Special nursing,	—
Burial expenses,	41 00
Miscellaneous,	95
	<hr/>
	31,691 54
Other expenditures under control of the Board:—	
Support of insane persons in the Boston Insane Hos- pital,	31,353 22
Support of State paupers in the Hospital Cottages for children,	11,205 55
Reimbursement of small towns,	804 82
Plans and location of hospital (Acts of 1908, chapter 626),	6,413 69
Payment to city of Boston for Boston Insane Hospital (Acts of 1908, chapter 613, and Acts of 1909, chap- ter 401),	1,000,000 00
	<hr/>
Total expenditures,	\$1,131,637 70

FINANCIAL DEPARTMENT.

The month of December was occupied in tabulating the returns of the institutions for the Board's annual report and in taking an inventory of the personal property at the Boston State Hospital, necessitated by its acquisition from the city of Boston by the State.

Two monthly bulletins, giving the prices paid by each institution for butter, butterine, eggs, cereals, fish, flour, meats, molasses, sugar, potatoes and lubricating oils in October and November of the previous year, were issued to each institution, completing the series of twelve months of that year.

A statement was issued showing the brand of flour used in each institution, its cost per barrel and the number of pounds of bread obtained from each.

Next, a statement giving the formula used by each institution in making bread, the cost of ingredients therein, except the flour, and the combined cost of all the ingredients.

The formula producing apparently the best result was selected

to be used by each institution in comparison with its own. The results obtained were tabulated and published, as were also those arrived at by the trial of two selected brands of flour by each institution. The object of these publications was to determine which brand of flour and which formula for making bread would produce a satisfactory grade of the latter at the least price per pound.

A table on each of the principal articles of food purchased by the institutions for the six months beginning December, 1907, was issued. This table stated, for each institution, the total quantity purchased and the total cost, together with the average rate paid per unit, the average per capita cost and the daily average per capita consumption, the latter expressed in ounces.

A similar table for the twelve months of the same year followed, except that to the purchases were added edibles produced on the farms, making the statement of daily average per capita consumption a more accurate and valuable one.

Another six months' table, including all purchases from Dec. 1, 1908, to May 31, 1909, and giving the same information as the two previous ones, was issued for each institution.

Each institution was requested to furnish a list of articles of food actually served to patients and employees the week ending March 14, 1909. These diets were assembled in comparative tables and issued to each institution.

A similar statement was issued for week ending June 12, 1909.

From each institution was secured a list of the firms from whom discounts were obtained for cash. These were arranged in tabular form and sent to every institution, in order that each might know of whom the others obtained discounts.

Data for another table of food purchases and farm products for the year from Dec. 1, 1908, to Nov. 30, 1909, have been obtained from each institution but have not yet been issued to the institutions.

Data are also at hand for the construction of approximate profit and loss sheets for the farms of the several institutions.

A table giving quantity, cost, rate per ton, etc., of coal bought by each institution from Dec. 1, 1908, to Nov. 30, 1909, has

been prepared for use in the office but not issued to the institutions.

The purchasing agents of the institutions have held monthly meetings this year as during the previous year, at which the financial agent of the Board has been present.

Among the subjects taken up for discussion have been the standardization of qualities and combined and competitive buying. Along these lines coal, flour, potatoes and beans have been investigated and discussed thoroughly and a purchase made of the latter.

A diversity of needs makes it difficult for the institutions to unite, but further progress with good results is hoped for.

The purchasing agents voted to request the Board of Insanity to resume the publication of the monthly bulletins issued the previous year, in order that prices paid might be more quickly in the hands of the purchasing agents and afford them an opportunity to discuss at their monthly meetings the prices paid by each during the month preceding. The Board granted the request, and these bulletins are to form a part of the program for the financial department for the coming year.

It is also intended to issue a sheet of profit and loss for the farms of the various institutions, also, four sample diets, representing each of the seasons, and tables of consumption, per capita cost and rate per unit of food, coal, hay and grain, some articles of hardware and such other commodities as may be requested by the institutions.

SUPPORT DEPARTMENT.

The primary aim of this department is the determination of claims for support of patients admitted to State institutions who become State charges.

An agent visits the institution, interviews each patient, and procures all the information possible as to the financial ability of the persons liable for support and as to any private resources which may properly become available for this purpose. Confirmation and additional facts are obtained by communication with relatives and friends and other investigations.

During the year 109 such visits were made to institutions

and 1,851 visits to relatives and friends. Histories of 2,796 patients were taken and recorded.

The first consideration is, whether the patient has a legal or moral claim for support upon the Commonwealth. If not, investigation is made as to the place where such patient belongs. If he has no claim elsewhere, he is accepted as a State charge. If he has such claim elsewhere, when his condition allows he is returned in charge of a caretaker, at the expense of the Commonwealth.

During the hospital year such investigation has led to the deportation of 84 aliens by the United States Immigration Commissioner and 151 by agents of the Board, a total of 235.

The second consideration relates to patients who properly belong in the Commonwealth, or are accepted as State charges. Are there any private funds properly available for the whole or partial support of such? The department seeks to ascertain all the facts as to such property, and to allow all just claims upon it. Care is taken not to cause hardship to any one.

During the year 91 State charges have been made private patients at \$5 and upwards per week; 412 have become reimbursing patients, usually at \$3.25 a week. The average weekly rate paid by reimbursing patients was \$3.04.

Such payments for reimbursing patients amounted during the year to \$102,468.57, and since Jan. 1, 1904, to \$461,269.05. This sum does not include payments for State charges who become private patients. The trustees of institutions fix private board rates, usually at not less than \$5 a week. The average private rate last year was \$5.13.

The number of reimbursing patients Nov. 1, 1909, was 687, compared with 572 the previous year; the average number during the year, 637.53, compared with 521.54 the previous year. Reimbursing patients constituted 4.97 per cent. of the inmates of public institutions.

The average weekly rate of reimbursement was \$3.04, compared with \$3.05 the previous year.

These and other related details are set forth more fully in the following tabulations:—

Visits to the hospitals,	109	
Histories taken at the hospitals,	2,796	
Visits to relatives of patients and others for investigation,	1,851	
Cases submitted for deportation to the United States Commissioner of Immigration,	131	
Cases submitted for deportation by the Board,	193	
Cases referred to the Attorney-General,	7	
Cases pending Sept. 30, 1908,	364	
New cases,	624	
Total cases under special investigation,	—	988
Viz.:—		
Made private,	91	
Made reimbursing,	412	
Accepted as State charges,	157	
Pending Nov. 30, 1909,	328	
	—	988

Private Cases.

Cases pending Sept. 30, 1908,	20	
New cases reported to the hospitals,	97	
Total private cases investigated,	—	117
Viz.:—		
Reported by hospitals as having been made private,	91	
Made reimbursing,	9	
Accepted as State charges,	5	
Pending Nov. 30, 1909,	12	
	—	117

Reimbursing Cases.

Cases remaining in institutions Sept. 30, 1908,	572	
New cases,	412	
Total reimbursing cases investigated,	—	984
Viz.:—		
Made private,	12	
Died,	103	
Discharged or on visit Sept. 30, 1909,	118	
Accepted as State charges,	64	
Remaining in hospitals Nov. 30, 1909,	687	
	—	984

Reimbursements for the Year ending Nov. 30, 1909.

INSTITUTIONS.	DAILY AVERAGE NUMBER.		Average Weekly Per Capita Rate.	NUMBER REMAINING OCT. 1, 1909.				UNITED STATES DEPORTATION CASES.	
	Male.	Female.		\$3.25 a week.	Less.	Male.	Female.	Daily Average Weekly Number.	Average Weekly Per Capita.
Worcester Hospital,	43.74	58.93	\$3 04	83	21	44	60	1.59	\$5 00
Taunton Hospital,	34.33	35.12	3 17	66	11	38	39	1.00	5 00
Northampton Hospital,	43.82	42.19	3 12	75	19	43	51	.16	5 00
Danvers Hospital,	56.59	78.21	3 08	130	26	73	83	1.28	5 00
Westborough Hospital,	22.58	46.82	3 15	71	9	20	60	.56	5 00
Boston Hospital,	14.93	23.33	3 04	25	10	10	25	.10	5 00
Worcester Asylum,	15.15	16.08	3 20	22	3	12	13	.11	5 00
Medfield Asylum,	14.82	38.01	2 69	37	7	15	29	-	-
Gardner Colony,	5.70	3.68	2 71	6	1	4	3	.12	5 00
Mental wards, State Infirmary, . . . . .	.75	8.07	2 85	5	-	-	5	.70	5 00
Bridgewater Hospital,	1.00	-	2 80	1	-	1	-	.51	4 05
Monson Hospital,	14.04	9.57	2 88	18	8	17	9	-	-
Foxborough Hospital,	3.07	-	2 82	2	-	2	-	-	-
School for the Feeble-minded at Waltham, . . . . .	.75	-	3 25	1	-	1	-	-	-
Hospital Cottages for Children, . . . . .	.75	-	2 73	1	-	1	-	-	-
Family care,	-	5.50	2 44	4	3	-	7	-	-
Totals,	272.04	365.50	\$3 04	547	118	281	384	6.12	-

Receipts for Support of Reimbursing Patients.

LOCATION OF PATIENTS.	Year ending Nov. 30, 1908.	Year ending Nov. 30, 1909.	Total since Jan. 1, 1904.
Worcester Hospital,	\$14,926 43	\$16,643 44	\$77,051 15
Taunton Hospital,	11,842 61	11,709 93	60,580 28
Northampton Hospital,	11,420 02	13,977 00	59,274 30
Danvers Hospital,	19,276 18	21,947 59	103,129 32
Westborough Hospital,	11,460 97	11,530 66	58,362 69
Boston Hospital,	2,879 32	6,037 75	15,489 66
Worcester Asylum,	4,314 96	5,219 31	25,984 46
Medfield Asylum,	6,156 38	7,390 24	38,936 35
Gardner Colony,	705 60	1,353 02	4,090 87
Mental wards, State Infirmary,	540 79	1,490 09	2,963 50
Bridgewater Hospital,	431 00	253 50	1,288 53
Monson Hospital,	1,373 97	3,535 66	8,697 82
Foxborough Hospital,	-	449 76	542 69
School for the Feeble-minded at Waltham,	-	127 21	127 21
Hospital Cottages for Children,	-	106 38	192 52
Family care,	1,538 79	697 03	3,708 04
Almshouses,	-	-	849 66
Totals,	\$86,867 02	\$102,468 57	\$461,269 05

DEPORTATION.

There were considered for deportation 365 cases, compared with 309 the previous year. The Board deported 55 to other States, 96 to other countries, — in all, 151. In addition, the United States Immigration Commissioner deported 84. Altogether, 235 have been deported since Oct. 1, 1908.

Since Oct. 1, 1898, 1,306 persons have been deported by the Board, of whom 31 returned once and 11 twice. Of those returning, 9 are now in institutions in this State.

Details of the disposition of cases under consideration for deportation are shown in the following table: —

	STATE BOARD.			UNITED STATES IMMIGRATION COMMISSIONER.			TOTALS.			TOTALS.		
	Men.	Women.	Totals.	Men.	Women.	Totals.	Men.	Women.	Totals.	1908.	1909. 14 Months.	Increase.
Cases pending Sept. 30, 1908,	32	17	49	6	4	10	38	21	59	76	59	17 ¹
Since reported by support agent,	132	70	202	56	48	104	188	118	306	233	306	73
Total cases under consideration,	164	87	251	62	52	114	226	139	365	309	365	56
Deported,	95	56	151	46	38	84	141	94	235	174	235	61
Viz.: Other States,	30	25	55	-	-	-	30	25	55	58	55	3 ¹
Other countries,	65	31	96	46	38	84	111	69	180	116	180	64
Discharged,	12	3	15	1	1	2	13	4	17	18	17	1 ¹
Viz.: Care of friends, . . .	8	3	11	-	1	1	8	4	12	17	12	5 ¹
Escaped,	4	-	4	1	-	1	5	-	5	1	5	4
Died,	3	-	3	2	2	4	5	2	7	6	7	1
Returned to penal institutions,	1	-	1	-	-	-	1	-	1	-	1	1
Withdrawn,	2	1	3	7	4	11	9	5	14	22	14	8 ¹
Viz.: Private patients, . . .	-	1	1	-	-	-	-	1	1	4	1	3 ¹
Reimbursing patients, . . .	-	-	-	-	-	-	-	-	-	2	-	2 ¹
United States cases,	2	-	2	-	-	-	2	-	2	3	2	1 ¹
Rejected by Immigration Commissioner,	-	-	-	7	4	11	7	4	11	13	11	2 ¹
Dropped from further consideration,	14	9	23	-	-	-	14	9	23	30	23	7 ¹
Viz.: Impracticable to deport,	6	5	11	-	-	-	6	5	11	22	11	11 ¹
No place to go,	8	4	12	-	-	-	8	4	12	8	12	4
Total cases closed,	127	69	196	56	45	101	183	114	297	250	297	47
Cases pending Nov. 30, 1909,	37	18	55	6	7	13	43	25	68	59	68	9
Viz.: Under sentence, . . .	10	2	12	1	-	1	11	2	13	4	13	9
On escape,	-	-	-	-	-	-	-	-	-	2	-	2 ¹
Not in condition to deport,	8	7	15	1	4	5	9	11	20	16	20	4
Awaiting action,	19	9	28	4	3	7	23	12	35	37	35	2 ¹

¹ Decrease.

TRANSFERS.

Seven hundred and thirty-two patients have been transferred within the year; 603 between public institutions; 106 between public institutions and families; 18 between public and private institutions; 5 between private institutions, according to the preceding tabulation.

THE ALLEGED INSANE, FEEBLE-MINDED AND EPILEPTIC
IN ALMSHOUSES AND IN THE COMMUNITY.

The tentative arrangement has been continued with the State Board of Charity relative to the visitation of alleged insane, feeble-minded or epileptic persons who may be cared for in almshouses or private families under public support.

Eight such cases were reported by the Board of Charity, and investigated by a medical officer of the Board of Insanity. Commitment was recommended in 6 cases. Two were committed to an insane hospital; 1 to Monson State Hospital; and in the case of the other 3 no action has yet been taken. Action was not deemed necessary in the remaining cases.

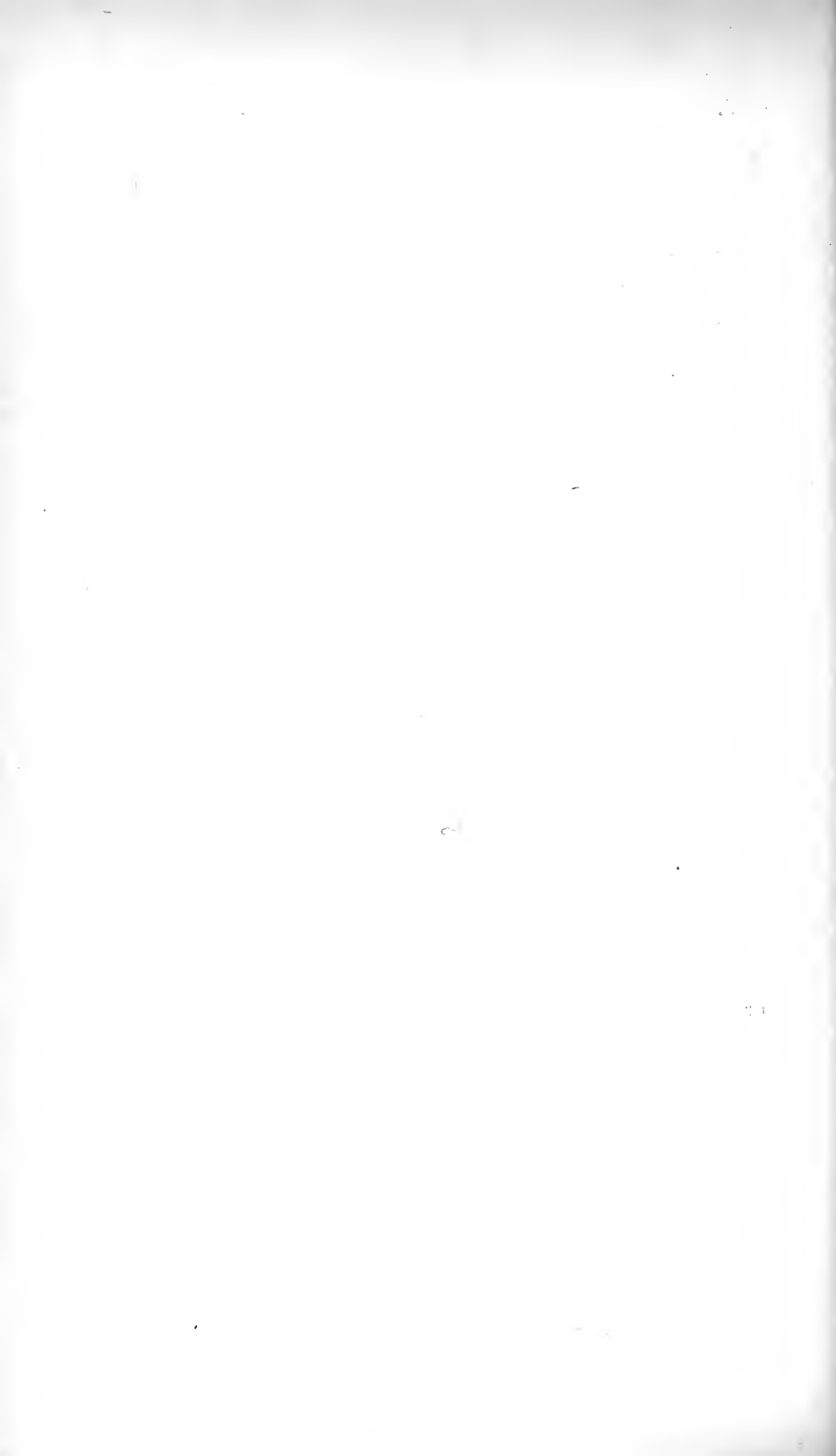
In addition, investigation was made with regard to the care of 3 other such persons in private families. Commitment was recommended in 2 cases. One was committed; and in the other no action has yet been taken. The remaining case was allowed to remain in the family, and an officer of the Board will visit the patient regularly.

Eight visits were made to almshouses and private families for special investigation by a medical officer of the Board.

Respectfully submitted,

HERBERT B. HOWARD,
GEORGE F. JELLY,
MICHAEL J. O'MEARA,
HENRY P. FIELD,
WM. F. WHITEMORE,

State Board of Insanity.



APPENDIX.

APPENDIX.

NEW LEGISLATION.

General legislation relative to the institutions and persons under the supervision of the Board was enacted by the Legislature of 1909 as follows:—

ACTS OF 1909, CHAPTER 401.

AN ACT TO PROVIDE FUNDS FOR PAYMENT TO THE CITY OF BOSTON FOR THE INSANE HOSPITAL TAKEN BY THE COMMONWEALTH.

Be it enacted, etc., as follows:

SECTION 1. To enable the state board of insanity to carry out the provisions of chapter six hundred and thirteen of the acts of the year nineteen hundred and eight, being an act to provide for the care of the insane of the city of Boston by the commonwealth, said board having taken over the hospital for the care of insane in that city, and having come to an agreement with the city as to the payment of damages for the same in accordance with said act, the treasurer and receiver general is hereby authorized, with the approval of the governor and council, to issue scrip or certificates of indebtedness to an amount not exceeding one million dollars, for a term not exceeding thirty years. Such scrip or certificates of indebtedness shall be issued as registered bonds, and shall bear interest at a rate not exceeding four per cent per annum, payable semi-annually on the first days of May and November. They shall be designated on the face thereof as the Prisons and Hospitals Loan, shall be countersigned by the governor, shall be deemed a pledge of the faith and credit of the commonwealth, and the principal and interest thereof shall be paid at the times specified therein in gold coin of the United States or its equivalent. The said securities shall be disposed of at public auction, or in such other manner, and at such times and prices, and in such amounts, and shall bear such rates of interest, not exceeding four per cent per annum, as shall be deemed for the best interests of the commonwealth, but none of the same shall be sold at less than their par value. The sinking fund established by the acts of the year eighteen hundred and seventy-four, known as the Prison and Hospital Loan Sinking Fund, shall also be maintained for the purpose of extinguishing bonds issued under authority hereof; and the treasurer and receiver general shall apportion thereto from year to year an amount sufficient with the accumulations of said fund to extinguish at maturity the debt incurred by the issue of said bonds. The amount necessary to

meet the annual sinking fund requirements and to pay the interest on said bonds shall be raised by taxation from year to year.

SECTION 2. In anticipation of the issue of bonds provided for by this act the treasurer and receiver general is authorized to borrow temporarily the sum herein provided for, with the approval of the governor and council, if it shall be deemed for the best interests of the commonwealth.

SECTION 3. This act shall take effect upon its passage. [*Approved May 18, 1909.*]

ACTS OF 1909, CHAPTER 470.

AN ACT TO PROVIDE FOR ESTABLISHING IN THE CITY OF BOSTON A HOSPITAL FOR THE OBSERVATION AND TREATMENT OF MENTAL DISEASES.

Be it enacted, etc., as follows:

SECTION 1. The trustees of the Boston state hospital are hereby authorized, with the approval of the governor and council and of the state board of insanity, to take, or acquire by purchase or otherwise, in the name and behalf of the commonwealth, lands and rights in land, for the purpose of establishing in the city of Boston a hospital for the first care and observation of mental patients and the treatment of acute and curable mental diseases. Said trustees shall erect on land so acquired and shall furnish and equip buildings sufficient to accommodate one hundred patients and the necessary officers, nurses and employees and to provide for general administration, an out-patient department, treatment rooms and laboratories for scientific research as to the nature, causes and results of insanity. Any land or rights in land acquired under authority of this act shall be under the control of the trustees of the Boston state hospital and any buildings erected thereon shall be a part of said hospital.

SECTION 2. To provide funds to carry out the provisions of section one of this act, the treasurer and receiver general is hereby authorized, with the approval of the governor and council, to issue scrip or certificates of indebtedness to an amount not exceeding six hundred thousand dollars, for a term not exceeding thirty years. Such scrip or certificates of indebtedness shall be issued as registered bonds, and shall bear interest at a rate not exceeding four per cent per annum, payable semi-annually on the first days of May and November. They shall be designated on the face thereof as the Prisons and Hospitals Loan, shall be countersigned by the governor, shall be deemed a pledge of the faith and credit of the commonwealth, and the principal and interest shall be paid at the times specified therein, in gold coin of the United States or its equivalent. Such scrip or certificates of indebtedness shall be disposed of at public auction, or in such other mode, and at such times and prices, and in such amounts, and shall bear such rates of interest, not exceeding four per cent per annum, as shall be deemed best for the commonwealth. The sinking fund established by chapter three hundred

and ninty-one of the acts of the year eighteen hundred and seventy-four, known as the Prison and Hospital Loan Sinking Fund, shall also be maintained for the purpose of extinguishing bonds issued under the authority of this act; and the treasurer and receiver general shall apportion thereto from year to year an amount sufficient with the accumulations of said fund to extinguish at maturity the debt incurred by the issue of said bonds. The amount necessary to meet the annual sinking fund requirements and to pay the interest on said bonds shall be raised by taxation from year to year.

SECTION 3. Upon the issue of bonds herein provided for, the treasurer and receiver general shall refund to the treasury of the commonwealth such amounts as have heretofore been appropriated and expended for the preparation of plans and for the location of said hospital, as provided for by chapter six hundred and twenty-six of the acts of the year nineteen hundred and eight.

SECTION 4. This act shall take effect upon its passage. [*Approved June 4, 1909.*]

ACTS OF 1909, CHAPTER 535.

AN ACT RELATIVE TO THE ASSESSING OF DAMAGES FROM THE TAKING OF PRIVATE PROPERTY IN CONNECTION WITH THE BOSTON INSANE HOSPITAL.

Be it enacted, etc., as follows:

SECTION 1. The state board of insanity may, with the approval of the governor and council, in the name and behalf of the commonwealth, from time to time take or acquire by purchase or otherwise, such lands, buildings and rights in land in addition to those already acquired, as in its opinion may be necessary to accomplish the purposes of chapter six hundred and thirteen of the acts of the year nineteen hundred and eight. In the event of the taking of any lands, buildings or rights in land by said board the board shall file in the proper registry of deeds a description of the lands, buildings or rights in land so taken, sufficiently accurate for their identification, with a statement signed by said board or by a majority thereof that the same are taken under the provisions of this act in the name and behalf of the commonwealth; and the said act and time of filing shall be deemed to be the act and time of the taking of such lands, buildings or rights in land, and shall be sufficient notice to all persons that the same have so been taken. The title to the lands, buildings and rights in land so taken shall vest absolutely in the commonwealth and its assigns forever. The commonwealth shall pay all damages sustained by any person by reason of any taking under authority of this act, and said board may, with the approval of the governor and council, agree with any such person upon the damages to be paid for such taking. If said damages cannot so be agreed upon by them, such person may within two years after said taking file in the clerk's office of the superior court for the county of Suffolk a petition

for the determination of such damages, and thereupon said court shall appoint a commission consisting of three disinterested persons and shall refer such petition to said commission, and said commission shall determine such damages and report thereon to said court. Said board shall, upon agreeing upon any damages or upon the acceptance by said court of any determination made by a commission as aforesaid, notify the person sustaining damages by reason of such taking that it will pay the amount so agreed upon or determined, and if such person shall, in accordance with such notice and within one year after being so notified, deliver a release of such damages to, and satisfactory to, said board, said board shall certify to the treasurer of the commonwealth the amount to be paid such person, and said treasurer shall pay the same. Said board or any person whose property is taken under the right of eminent domain, if dissatisfied with any determination of damages made by any commission, may, within one year from the time when such determination is filed in court, claim a trial by jury to determine such damages, and thereupon the damages shall be determined by a jury in said court in the same manner as is provided by law with respect to damages by reason of the laying out of ways. The commissioners shall receive such compensation as may be determined by the court. If, upon hearing by the commissioners or upon trial, damages are increased beyond the amount which the commonwealth offered to pay therefor prior to the appointment of the commission, the person sustaining damage by reason of the taking shall recover costs; otherwise such person shall pay costs, and costs shall be taxed as in civil cases.

SECTION 2. This act shall take effect upon its passage. [*Approved June 19, 1909.*]

RESOLVES OF 1909, CHAPTER 83.

RESOLVE TO PROVIDE FOR AN INVESTIGATION AS TO THE ADVISABILITY OF REMOVING THE INSANE FROM THE STATE HOSPITAL.

Resolved, That the state board of insanity be directed to investigate and report to the next general court, not later than January fifteenth, as to the advisability of the removal of the insane from the state hospital. [*Approved May 13, 1909.*]

ACTS OF 1909, CHAPTER 274.

AN ACT RELATIVE TO THE REMOVAL OF INSANE PRISONERS.

Be it enacted, etc., as follows:

The provisions of section one hundred and one of chapter two hundred and twenty-five of the Revised Laws, relative to the removal of insane prisoners, and of all acts in amendment thereof, shall apply to the prison camp and hospital in Rutland. [*Approved April 9, 1909.*]

RESOLVES OF 1909, CHAPTER 128.

RESOLVE TO PROVIDE FOR A COMMISSION TO INVESTIGATE THE ADVISABILITY OF ESTABLISHING A SYSTEM FOR THE DISPOSAL OF SEWAGE FROM THE WORCESTER INSANE HOSPITAL IN THE CITY OF WORCESTER.

Resolved, That a commission, consisting of the chairman of the state board of health and two of the other members of said board to be appointed by the chairman, and the board of health of the city of Worcester, is hereby authorized and directed to investigate the advisability of establishing a system for the disposal of sewage from the Worcester insane hospital, in the city of Worcester, and to report the result of its investigation with its recommendations to the next general court, not later than the second Wednesday in January, nineteen hundred and ten.

For this purpose the commission may expend a sum not exceeding one thousand dollars. [*Approved June 16, 1909.*]

RESOLVES OF 1909, CHAPTER 127.

RESOLVE TO AUTHORIZE THE TRUSTEES OF THE STATE COLONY FOR THE INSANE TO CONVEY CERTAIN LAND TO THE NASHUA RESERVOIR COMPANY.

Resolved, That the trustees of the state colony for the insane are authorized to convey to the Nashua Reservoir Company, a corporation under the laws of this commonwealth, a certain parcel of land situated in the town of Westminster, belonging to the commonwealth, purchased for the use of the state colony for the insane under authority of section three of chapter four hundred and fifty-one of the acts of the year nineteen hundred. Said parcel is bounded and described as follows:—Beginning at a stone bound set in the ground at the southeast corner of said parcel and at land of said Nashua Reservoir Company and at other land of the commonwealth, thence running south sixty-seven degrees, thirty minutes west, by land of the commonwealth, five hundred and ninety-two feet to a corner; thence running north fourteen degrees, forty-seven minutes west, by land of the commonwealth, six hundred and sixty-seven and four tenths feet to a corner; thence running north eighty-two degrees, thirty minutes east, by land of the commonwealth, six hundred and ninety-two feet to a corner at land of the said Nashua Reservoir Company; thence running south three degrees, thirty minutes east, by land of the Nashua Reservoir Company, five hundred and ten feet to the point of beginning; containing about ten acres. The said trustees are authorized to accept in exchange for said conveyance such other lands and rights to be deeded by said Nashua Reservoir Company as they may think best to accept. The chairman of said board of trustees is hereby authorized, in behalf of the commonwealth, to execute and deliver a deed of said premises in conformity with this resolve. [*Approved June 16, 1909.*]

ACTS OF 1909, CHAPTER 218.

AN ACT TO AUTHORIZE ADVANCES OF MONEY TO STATE INSTITUTIONS
HAVING BONDED TREASURERS OR DISBURSING OFFICERS.

Be it enacted, etc., as follows:

SECTION 1. To carry out the provisions of law requiring weekly payments, and to secure cash discounts wherever possible, institutions having a bonded treasurer or disbursing officer may receive such advances of money from the treasury of the commonwealth as in the judgment of the auditor of the commonwealth are required for the purposes stated.

SECTION 2. All acts and parts of acts inconsistent with this act are hereby repealed.

SECTION 3. This act shall take effect upon its passage. [*Approved March 26, 1909.*]

ACTS OF 1909, CHAPTER 60.

AN ACT RELATIVE TO THE DISPLAY OF THE NATIONAL AND STATE FLAGS
ON STATE BUILDINGS.

Be it enacted, etc., as follows:

The flag of the United States and the flag of the commonwealth shall be displayed on the main or administration building of each of the public institutions of the commonwealth. The flags shall be of suitable dimensions and shall be flown every day when the weather permits. The cost of such flags and of the necessary means for their display shall be paid from the appropriations for the several institutions. [*Approved February 15, 1909.*]

The laws relating to the insane, feeble-minded, epileptic, etc., as revised and codified, under the provisions of chapter 62, Resolves of the year 1908, by a commission consisting of George T. Tuttle, M.D., Henry R. Stedman, M.D., and James F. Curtis, Esq., will be found in chapter 504 of the Acts of 1909.

OPINIONS OF THE ATTORNEY-GENERAL.

Relative to loss of settlement in the Commonwealth:—

COMMONWEALTH OF MASSACHUSETTS,
OFFICE OF THE ATTORNEY-GENERAL, March 5, 1909.

OWEN COPP, M.D., *Executive Officer, State Board of Insanity.*

DEAR SIR:—In a letter of recent date you have requested my opinion upon the question arising upon the following facts: a woman fifty years of age had an undoubted settlement in Massachusetts, when, in 1896, she was taken to Mount Hope Asylum in Baltimore, Maryland, where she has remained continuously since that time, supported as a

private patient. Her relatives now desire to have her returned to Massachusetts and committed to an insane hospital of this Commonwealth.

The question upon which you have asked my opinion is whether the woman's settlement in Massachusetts has been lost under the provision of the last clause of R. L., c. 80, § 6:—

A person who is absent from the Commonwealth for ten consecutive years shall lose his settlement.

The clause of the statute quoted, which has been held to be prospective in operation, was enacted in 1898, and has, therefore, been in effect during more than ten years of the patient's absence.

In my opinion the statute operates upon the settlements of the sane and insane with the same effect, and whether a settlement has been lost under its provisions depends not upon the mental condition of the person in question but solely upon her actual residence during the ten years under consideration.

The patient referred to has, therefore, in my opinion, lost the settlement which she had in Massachusetts in 1896.

Very truly yours,

DANA MALONE, *Attorney-General*.

Relative to authority of the trustees of the State Infirmery and the State Farm to discharge insane inmates:—

COMMONWEALTH OF MASSACHUSETTS,
OFFICE OF THE ATTORNEY-GENERAL, Aug. 27, 1909.

OWEN COPP, M.D., *Executive Officer, State Board of Insanity*.

DEAR SIR:—In reply to your inquiry of July 12, as to whether or not, under the provisions of St. 1909, c. 504, § 76, the trustees of the State Infirmery and of the State Farm have authority to discharge from such institutions inmates who are under commitment as insane, I have to advise you that, in my opinion, such trustees have no power to discharge inmates of the institutions mentioned who are under commitment thereto as insane persons.

Very truly yours,

DANA MALONE, *Attorney-General*.

SPECIAL APPROPRIATIONS.

	1909.	Ten Years, ending 1908.
<i>Worcester Hospital,</i>	-	\$299,098 44
<i>Taunton Hospital.</i> Completing the sewerage system and connecting the same with the sewerage system of the city of Taunton, . . . [Resolves, chapter 81.]	\$6,800 00	\$325,205 00
<i>Northampton Hospital,</i>	-	\$217,300 00
<i>Danvers Hospital,</i>	-	\$364,100 00
<i>Westborough Hospital.</i> Constructing and furnishing a new building for the acute insane, [Acts, chapter 522.]	\$60,000 00	
Completing the water service,	4,000 00	
Enlarging the morgue, [Resolves, chapter 79.]	600 00	
	\$64,600 00	\$454,625 00
<i>Boston Hospital.</i> Lands and rights in lands and buildings sufficient to accommodate 100 patients and the necessary officers, nurses and employees, and to provide for general admin- istration, an out-patient department, treatment rooms and laboratories, [Acts, chapter 470.]	\$600,000 00	-
<i>Worcester Asylum.</i> Finishing and furnishing rooms for employees in existing buildings, and for barns and constructing two waiting stations, [Resolves, chapter 116.]	\$3,500 00	
Constructing and furnishing a dining room building, . . .	35,000 00	
Constructing and furnishing three houses for employees,	18,000 00	
Additional water supply,	12,500 00	
Completing the system of sewage disposal, [Acts, chapter 522.]	7,000 00	
	\$76,000 00	\$517,900 00
<i>Medfield Asylum.</i> Improving and extending the sewerage beds,	\$12,000 00	
Completing investigation as to water supply, [Resolves, chapter 80.]	2,000 00	
	\$14,000 00	\$558,700 00
<i>Gardner Colony.</i> Constructing and piping water tower,	\$12,000 00	
Purchasing of additional land,	350 00	
Constructing and equipping two industrial buildings, . . . [Acts, chapter 522.]	10,000 00	
Constructing four vegetable cellars,	4,000 00	
Alterations of storehouse, [Resolves, chapter 100.]	1,000 00	
	\$27,350 00	\$495,950 00
<i>Bridgewater Hospital.</i> Construction of a building for the criminal insane, . . . [Acts, chapter 522.]	\$90,000 00	\$235,000 00
<i>State Infirmary,</i>	-	\$120,000 00
<i>Monson Hospital.</i> Constructing and furnishing two dormitories, each to hold 75 patients,	\$84,000 00	
Constructing and furnishing a service building, [Acts, chapter 475.]	34,000 00	
Making sewer, water and electric connections between the new building and the central plant, [Resolves, chapter 97.]	5,000 00	
	\$123,000 00	\$431,800 00

SPECIAL APPROPRIATIONS — *Concluded.*

	1909.	Ten Years, ending 1908.
<i>Massachusetts School for the Feeble-minded.</i>		
Construction of iron stairways and fire escapes for the school at Waltham,	\$5,500 00	
Altering, repairing and enlarging buildings and furnishing the same for 50 patients at Templeton,	6,000 00	
[Resolves, chapter 99.]	\$11,500 00	\$537,100 00
<i>Wrentham State School.</i>		
Building and equipping laundry,	\$16,000 00	
Water supply,	8,200 00	
Alterations in the Stewart house,	2,000 00	
[Resolves, chapter 101.]	\$26,200 00	\$247,800 00
<i>Foxborough Hospital.</i>		
Purchasing and installing a refrigerator and ice-making plant,	\$5,000 00	\$173,150 00
[Resolves, chapter 117.]		
Purchase of the Boston Insane Hospital,	\$1,000,000 00	-
[Acts, chapter 401.]		

SUMMARY OF APPROPRIATIONS.

	1909.	Ten Years, ending 1908.
<i>Insane.</i>		
Constructing, furnishing and equipping buildings for patients and nurses,	\$446,800 00	\$2,207,525 00
Number of patients provided for,	316	2,992
Average per capita cost,	\$1,224 05	\$596 27
Number of nurses provided for,	50	651
Average per capita cost,	\$1,200 00	\$650 49
Patients and nurses provided for,	366	3,643
Average per capita cost,	\$1,220 76	\$605 96
Land, buildings for officers and employees and for administrative purposes, including furnishing and equipment, improvements and repairs,	431,950 00	1,733,886 44
Total,	\$878,750 00	\$3,941,411 44
<i>Feeble-minded.</i>		
Constructing, furnishing and equipping buildings for patients and nurses,	\$6,000 00	\$425,500 00
Number of patients provided for,	50	840
Average per capita cost,	\$120 00	\$435 12
Number of nurses provided for,	-	82
Average per capita cost,	-	\$731 71
Patients and nurses provided for,	50	922
Average per capita cost,	\$120 00	\$461 50
Land, buildings for officers and employees and for administrative purposes, including furnishing and equipment, improvements and repairs,	31,700 00	359,400 00
Total,	\$37,700 00	\$784,900 00

SUMMARY OF APPROPRIATIONS — *Concluded.*

	1909.	Ten Years, ending 1908.
<i>Epileptic.</i>		
Constructing, furnishing and equipping buildings for patients and nurses, . . .	\$84,000 00	\$152,550 00
Number of patients provided for, . . . 150		192
Average per capita cost, . . . \$560 00		\$732 03
Number of nurses provided for, . . . -		27
Average per capita cost, . . . -		\$444 44
Patients and nurses provided for, . . . 150		219
Average per capita cost, . . . \$560 00		\$696 57
Land, buildings for officers and employees and for administrative purposes, including furnishing and equipment, improvements and repairs,	39,000 00	63,350 00
Total,	\$123,000 00	\$215,900 00
<i>Inebriate.</i>		
Land, buildings for officers and employees and for administrative purposes, including furnishing and equipment, improvements and repairs,	\$5,000 00	\$35,517 00
<i>All Classes.</i>		
Constructing, furnishing and equipping buildings for patients and nurses, . . .	\$536,800 00	\$2,785,575 00
Number of patients provided for, . . . 516		4,024
Average per capita cost, . . . \$924 03		\$569 11
Number of nurses provided for, . . . 50		760
Average per capita cost, . . . \$1,200 00		\$651 94
Patients and nurses provided for, . . . 566		4,784
Average per capita cost, . . . \$948 41		\$582 27
Land, buildings for officers and employees and for administrative purposes, including furnishing and equipment, improvements and repairs,	507,650 00	2,192,153 44
Total,	\$1,044,450 00	\$4,977,728 44
Average amount appropriated annually,	-	\$497,772 84
Purchase of the Boston Insane Hospital,	1,000,000 00	-
Total,	\$2,044,450 00	-

SEMIANNUAL CONFERENCES.

The twenty-first semiannual conference of the Board and the trustees of the different institutions was held at the State House on May 18, 1909.

The subject for discussion was: Precautions against illtreatment of patients in institutions.

The views of the different speakers as expressed at this conference were as follows:—

Dr. William N. Bullard, trustee of Monson Hospital (paper read by Dr. Hodgkins):— This is a subject of vital importance. It seems scarcely necessary to state that patients are sent to State institutions for the insane for the purpose of treatment and cure, if their condition is curable, and, if not, for kind and efficient care and

guardianship. That these conditions are, on the whole, fulfilled in our State institutions is undoubtedly true. Nevertheless, accidents and regrettable occurrences, perhaps not always unavoidable, do at times take place, and it is the duty of the trustees and superintendents to see that the patients committed to their care do not suffer through any lack of safeguards and precautions.

The illtreatment of patients is practically always due to the active violence or carelessness of employees. Cases in which patients are illtreated by the superior officers, superintendents or physicians are so rare that they do not need consideration. In such case the remedy is simple, — immediate dismissal of the officer.

The case is different with employees, male and female nurses, especially the former. The male nurses in State hospitals are poorly paid and are often consequently of poor material. There is no subject which has caused us greater concern or been more constantly upon our minds than this question, how to obtain good nurses or attendants; or, rather, how to determine whether the male nurses and attendants are really kind, patient, reliable and trustworthy, and capable of that self-restraint and self-control which is absolutely necessary in dealing with the mentally perverted or enfeebled.

The most constant care and supervision are necessary to determine the trustworthiness of the attendant, and it is often impossible to be certain what an attendant will do when his temper is severely strained, as it may be at times.

The chief precautions that are needed to prevent illtreatment of the insane and mentally enfeebled are, first, extreme care and caution in the choice of nurses and attendants; and second, constant and unremitting watchfulness in regard to their conduct towards those under their care, and no excuse or palliation of rough or unkind treatment even when not actually injurious to the patient.

The choice of attendants is sometimes rendered very difficult by the scarcity of the supply. The pay is not sufficiently high to attract any large number of really good men. None the less it is the duty of the superintendent of each institution to take care that, no matter what the inconvenience, only such as he believes to be worthy of the trust placed in them should be engaged. Not only is it the duty of the superintendent to satisfy himself as to the reliability and trustworthiness of the attendant before he engages him, but also he must not allow himself to be satisfied lightly as to the character of his employees. Thorough investigation into their character should be made in every case. False names may be given or

false recommendations shown. Even written letters are not always to be trusted, and former employers should be directly communicated with, and, if possible, seen. How important this is may be shown by the following incident.

In engaging a house servant, a friend of mine took occasion to see personally his former employer, a well-known gentleman of the highest possible honor in his business, whose word would everywhere be considered as good as his bond. The servant showed a letter from this gentleman recommending him highly. When seen the gentleman said, "I would not have this man in my house on any account; he is so and so, and so and so, and not good." "But," my friend replied, "you wrote him an excellent letter of recommendation." "Certainly," said the gentleman, "but such letters mean nothing." If this is the attitude of men who hold the highest possible position among their fellows as men of character and honor, what is to be expected?

After the attendant has been engaged, however, the matter is not ended. A constant supervision of the relations between attendant and patients, faithful, thorough and unremitting, must be kept up. No relaxing of this supervision is permissible. If there are not enough physicians in the hospital to care for this, more must be appointed.

Roughness and neglect of patients cannot be tolerated. Where it is reasonably suspected, even though not absolutely proved, the attendant should be informed that his services are no longer required. It may be unfair to the attendant in one sense, but no risks can be taken, and the attendant may, if it be deemed wise, be told this when he is first engaged. If rough usage of a patient or neglect is proved, the attendant should be at once dismissed. Excuses cannot be accepted. However estimable otherwise an attendant may be, if he cannot always control his temper he is not fit for this position.

Summary. — The chief precaution against the illtreatment of the patients in institutions for the insane or mentally enfeebled is the choice of suitable attendants, nurses and employees, and their constant proper supervision, unwearied and unrelaxing. It seems scarcely necessary to point out to you, who are all experienced in hospital management, that a good attendant who has served well for months or years may become worn out, worried or hospitalized so as to be temporarily, possibly permanently, wholly unfit for his position.

Recommendations. — (1) The pay of male attendants and nurses

should be so increased by all the institutions that really good men can be obtained for these positions. It is unsuitable, nor would it be tolerated for a moment if known, either by the friends and relatives of the patients or by the general public, that inferior attendants should be employed to care for the afflicted in order to render the expenses of the hospitals slightly less. This increase of pay should, if possible, be made by all the hospitals in co-operation.

(2) All cases of injury to any patient, of any moderate or more than moderate degree of severity, should be reported at once to the administration.

(3) In all cases where force has to be used towards any patient, report should be made to the superintendent, and medical examination of the patient should be made by the superintendent or one of the physicians as soon as the condition of the patient allows. If any injuries exist their cause must be duly determined to the satisfaction of the physician.

(4) In all cases where injuries are discovered which have not been reported (or where the use of necessary force has not been reported), the responsibility must be placed upon the attendant in charge and he must be dealt with accordingly.

(5) Wherever unjustifiable force or injury to patients by attendants is proved, the case should be placed in the hands of the proper legal authorities and prosecuted to the full extent of the law.

Dr. Everett Flood, superintendent of Monson Hospital (paper read by Dr. Hodgkins): — The points that occur to me are as follows: —

(1) It is of importance to select with the greatest care the persons employed.

(2) These persons should be housed and treated properly by their employers. They should not be the object of unjust suspicion. They should be treated with as much consideration as the patient. The obligation to them is not the same, because we are not established for the benefit of the employee, but there seems to be a definite obligation toward them at the hands of the employer.

(3) These persons need instruction. They cannot be expected to know their duties without patient and continued advice and instruction. They need to talk with the one who represents the management of the hospital, and details of duty should be told over and over.

(4) The pay of attendants should be somewhat liberal. They have an especially hard duty, and require better pay than in ordinary occupations.

(5) Extra pay should be allowed for the night attendants, and quarters should not only be provided that are proper for any other employee, but should be so constructed that the night workers may have a cool and quiet room, darkened so fully that they will not be kept awake during their rest time.

(6) Women nurses are less liable to be violent with patients than men, and for this reason, as well as others, each ward or building ought to have a woman in charge, and wherever possible women should care for the male wards.

(7) Suitable increases in pay up to a generous maximum should be made for any employee whom we find especially faithful and efficient, so that a competent and fully reliable worker may not be easily lost to the service of the institutions.

Dr. John A. Houston, superintendent of Northampton Hospital, regrets that he is unable to be present at this meeting, but writes as follows:— It is a very important question that is to be discussed. We must take the best young men and young women who apply for service, and we sometimes find that those who bring the best recommendations are least adapted to care for the insane. It is very trying work, and I do not wonder that nurses sometimes lose their temper. One thing, I believe, my experience has taught me, and that is, it is advisable to have an officer who is not a nurse or attendant in the wards most of the time. Perhaps this officer—one or more on each side of the house—had better be a medical man or woman who is considered a part of the staff. We have been doing this for two or three years with Drs. Rice and Raymond. They have regular duties, such as making physical examinations, dressings, tube feedings, note taking, etc., and are expected to be in the wards *not* at regular times. Such officer should go in with every new patient admitted, to converse with him and make him feel somewhat at home, introduce him to nurses and other patients, etc.

Dr. H. M. Quinby, superintendent of Worcester Hospital:— I most heartily agree with everything that Dr. Bullard and Dr. Flood have said in the letters just read, and I do not know that I can add very much thereto.

The trustees of the Worcester hospital have for some years made special effort to improve the character and efficiency of our nursing force, and, as a means towards this end, have provided, as rapidly as possible, attractive quarters, reduced hours of work, and increased wages for all this class of our employees. At the present time it would seem that the most exacting could not ask for more comfortable and attractive quarters than those now furnished our nurses;

certainly the present hours for work are reasonable, and no good nurse is allowed to leave our employ on the ground of wages alone.

In the care of our patients there should, I think, be more, rather than less, publicity. We should have a sufficient medical force to allow of a medical officer upon the wards the greater part of the time, while a great advantage comes, I think, in opening the wards freely to the friends of patients on visiting as well as on other days. In this way the attendants are more constantly under the supervision of some one representing either the institution or the patient, or both.

The greater part of the violence which we see in insane hospitals comes, I am sure, through the ignorance rather than through the malice of the employee, and is usually confined to the new man. It behooves us, therefore, to be at a great deal of pains to instruct that man, and to teach him how to deal with an insane person, how to avoid using undue strength, and, what is hardest of all, how to so school himself that he may be able to keep his temper under trying circumstances. Although we do not always get the class of men we would like to employ as attendants, we get on the whole a very fair class of men, and seldom any who are intentionally brutal.

As a safeguard against violence we require that all injuries, of whatever nature, occurring on the wards be at once reported in writing upon a blank specially designed for this purpose, and that the case be examined immediately by the physician in charge, and the combined report sent to the office of the superintendent. By thus carefully inquiring into all cases of alleged abuse, and lodging a criminal complaint against the parties at fault when the facts seem to warrant, we have, I think, succeeded in reducing wilful violence to the minimum.

It must be remembered that the vocation of the nurse is one for which the male is seldom fitted by nature. The best and only perfect work in this line can be done by women alone. It would naturally follow, therefore, that we should wish, in choosing our nursing force, to avail ourselves of the superior qualifications of the woman whenever this is practicable. With this object in view we have on several occasions put some of our male wards in charge of women nurses, but I am sorry to say that on each occasion the difficulties of administration have so far outweighed the advantages attained as to make the experiment unsatisfactory.

Rev. Payson W. Lyman, trustee of State Infirmary and State Farm: — I suppose that in the time of exigency, when there is no officer present or none could easily be obtained, an attendant might

be required to take hold of a man and restrain him if he were getting violent with any other patient. But I know that the rules at the Asylum for Insane Criminals are very strict, and are emphasized, and the attendants are instructed in the application of them so as to eliminate so far as possible the danger of any violence, or any harm being wrought to the patient.

We must all admit the gravity of this question, and I feel that we must rely very greatly on the character of the administration, that is, the outside public and the trustees must so rely. The administration undoubtedly is and must be very careful in regard to the character of attendants. I think we ought to be able to retain those who have proved themselves especially valuable.

Dr. Chas. W. Page, superintendent of Danvers Hospital:—How to protect insane patients from illtreatment at the hands of hospital employees is an important topic for consideration.

Primarily, I wish to go on record as being personally satisfied that, as a rule, insane patients in our State institutions are dealt with by attendants and nurses in a kind, considerate manner.

It should be widely understood that in this service there are very many men and women daily exercising, for the unfortunate in their charge, a degree of patience, forbearance and tact that merits the highest appreciation. The self-abnegation, self-restraint and persistent humanity practiced by many intelligent, kindly disposed employees in our hospitals for the insane often rise to the grade of true heroism. Especially so, as the personal acts which merit such a rating are for the greater number performed almost in secret, certainly in secluded localities, and in behalf of non-appreciative patients, or even repulsive wrecks of humanity. But there are others among the many candidates for service in our hospital wards who through ignorance or instinctive brutality are untrustworthy, and constant watchfulness on the part of hospital officials is necessary to detect and reject, or discharge as early as possible, such undesirable persons.

Fortunately the great majority of our hospital inmates submit to hospital régime without contention; yet a few will give trouble. They may have maniacal outbreaks, become violent in speech or manner, persist in mischievous annoyances, and occasionally commit assaults through delusions or a frenzied desire to escape. The fact that so small a proportion of patients in any given hospital is positively dangerous, or difficult to manage, ought to insure for such turbulent cases not only the utmost consideration and patience on the part of employees, but special interest and help in their man-

agement from the medical officials. Perfect work and conduct by employees from the beginning of their service, even by those who possess the requisite degree of intelligence and the proper elements of character to ultimately attain high ideals, is too much to expect.

Promising pupils, as well as others, must receive explicit instruction in their duties, and careful, continuous, organized supervision over their daily conduct towards patients must be exercised.

How best to educate attendants and nurses, essential agents in good hospital management, is a question the solution of which has long occupied the attention of those responsible for hospital results.

Rule books are universally adopted. But printed codes cannot be wholly relied upon to produce satisfactory results. The mind of the employee should be early impressed with certain broad principles of conduct towards the insane, and the application of such principles to concrete instances should be persistently pointed out as the daily contact or friction with patients develops occasion.

At Danvers, various methods are employed to secure proper persons for nursing and ward work, and to impress those employed with a due sense of their duties. All candidates for a position are required to fill out an application form and subscribe to the following statements, viz.: "Only persons of good moral character need apply. Persons of doubtful reputation, of intemperate habits and general untrustworthiness will not be retained in the hospital service when their character becomes understood. Profane, rough and irritating language addressed to patients will be deemed sufficient cause for discharge. Abusive treatment or unnecessarily rough management of patients will not be excused. The undersigned hereby agrees to abide by the foregoing conditions if given employment, and further hereby pledges to accept summary discharge if found violating any established rules of the hospital."

Many inexperienced employees come to the hospital with an idea that in their dealings with the insane they must assume an attitude of authority, and enforce obedience to their commands. If persons in charge of the insane are allowed to act in accordance with such crude ideas, the patients' natural fear and distrust of the hospital will be increased, their nervousness and irritability will be aggravated, and personal encounters, even assaults, will result. Such a spirit of coercion cannot dominate in a ward without a prolific crop of friction and turbulence.

Speech and manner which a sane man would resent often exasperate an insane man, and prompt him to irrational conduct. A designing attendant can always provoke a first blow from his in-

sane victim, and then plead self-defence for his subsequent ill-treatment of a person he is paid to protect. Of course there are cases and times when decision and firmness on the part of the attendant and nurse are necessary. But this position can be maintained by qualities of purpose and action far removed from such as characterize the coercive methods. I emphasize these coercive methods because I believe that trouble between hospital employees and patients under them, in nine out of ten cases, is the outcome of uncalled-for aggressive attitude towards the patient on the part of the employee, and this I state as my conviction after more than thirty years' experience as an officer in hospitals for the insane.

To illustrate this point, one of many cases which I have investigated may be cited: at the conclusion of a meal in a ward dining room, on the women's side of the hospital, the head attendant unlocked the door and ordered "All out." Among the patients was a muscular young woman who frequently disregarded orders from nurses, but who could not be called vicious or quarrelsome. As she passed the end of the table, near the door, she took from it a glass of milk which had been deposited there for another patient who had not cared to drink it. The nurse observed the act and immediately shouted "Put down that glass." Instead of complying meekly the patient hurried out of the small dining room, pursued by the nurse, who repeated her order. About eight feet from the door, in the adjoining hall, stood a table, upon which the patient placed the glass, having neither drunk nor spilled the milk. She then hurried to the end of the ward, still followed by the nurse, who insisted that the patient must take the glass back to the dining-room table. As the nurse, determined and threatening, finally approached, the patient faced her, and taking hold of each wrist held the nurse rigid and helpless. This was done in a good-natured way, the patient laughing all the time. The nurse shouted for help, and eventually three other nurses were engaged in subduing the patient, who was finally thrown to the floor and held there while one nurse, taking off her shoe, used the heel as a hammer on the patient's body. From some source a stout stick, several feet in length, was produced and used to beat the patient. The four nurses engaged in this disgraceful attempt to command obedience and intimidate were discharged at once. This patient was generally cheerful and often playful in manner. Nurses who treated her kindly had no trouble whatever with her, but she could not be intimidated. The milk had no value and would have been thrown in the sink had it been left on the first table. The patient refrained from drinking it when the nurse ob-

jected, but she did not obey to the letter the orders of an imperious nurse. At several stages the affair would have ended quietly had the nurse possessed good sense and self-control. This affair antedated the employment of report slips now in daily use in Danvers.

If such mistaken methods could be eradicated from hospital management, and the power of persuasion, through kindness and intelligent tact, be substituted, actual illtreatment of insane patients would cease.

To consummate such ends I proceed as follows. In the first place I forbid the infliction of mechanical restraint. This prohibition at once deprives the would-be ward despot of his chief sense of power to intimidate a patient. When the attendant knows that a strait-jacket, straps, locked buckles, etc., are near by to be placed upon refractory patients, he is apt to assume from first to last a dictatorial, irritating manner. He commands when he should try persuasion. If his orders are slighted he threatens, and when his threats fail to subjugate he considers but one view of the situation, to wit: that his authority must triumph, therefore some humiliating restraint is roughly applied. To defend such methods of management and treatment would be a confession that the science and art of nursing the insane have made no progress since the dark ages.

Beginners in ward work must understand that their success depends upon the proper management of patients without resort to any form of restraint or physical punishment. If they are suitably endowed for insane hospital work, they can be taught to meet the patients in a kindly, considerate manner, which, with sufficient experience, will develop all their latent qualities of tact and wisdom,—the highest qualifications of trained nurses. But many who are induced to enter this important field of usefulness are unsuitable by natural limitations of ability or temperament, and such should be discovered and removed as rapidly as possible. To perfect the nursing staff all the officers of the hospital should work in harmony. The superintendent, assistant physicians and supervisors should entertain a common standard of efficiency and apply it continually.

In modern large hospitals, with a numerous nursing staff, the superintendent can scarcely be expected to follow in detail the daily conduct of all his subordinates, and yet if he delegates his authority in such matters to subordinates, he thereby sacrifices so much of his personal influence and power for good. Besides, he cannot escape the public contention that he is solely responsible for the discipline of the whole institution under his charge. In order to keep in

touch with all unpleasant incidents of ward work, — those details that test the character and the usefulness of the employee as well as determine the reputation of the hospital, — I have for more than ten years past required all attendants and nurses under my jurisdiction to report in writing, on a special slip, every serious lapse from good order among patients in which he or she took a part. On these blanks, which are kept by all ward workers, are printed directions for their use, as follows, viz.: “When a patient escapes, receives an injury, accidental or otherwise, has to be handled with force, or is secluded, the attendant engaged in the affair, or the one in charge of the patient at the time, must send a written report, without delay, to the medical officer in charge of the ward to which the patient belongs, who will countersign the same and forward it to the office of the superintendent.”

This system of reporting acquaints both the assistant physician and the superintendent with those ward matters which most require attention. It is my practice to take such reports into the ward at the first opportunity, and by questions addressed to both patient and attendant verify the report. I consider myself an authorized and competent returning board and always go behind the returns. After making such notes on the back of the slip as seem best, they are filed in my office desk for such future reference as may become necessary. Repeatedly an attendant has been discharged upon the evidence of his written report, the tone and substance of his own explanation sufficiently indicating his incapacity or his unfitness as an attendant.

The chance that employees, under this system, can conceal any serious friction with patients is exceedingly small. In my experience several have attempted to do so, but have been promptly discharged when detected with having suppressed the required information. Possibly such schemes for suppressing facts have occasionally succeeded, but only rarely, I feel sure.

My methods in connection with these reports are so open, and have become so much a matter of routine, that all the better grade of patients understand my ways in regard to ward troubles, and unless I appear, slip in hand, to investigate, within a day or two after any decided conflict with a patient, one or more patients will very likely quietly ask me if I received the required report. Then, such special reports enable the superintendent to iterate and reiterate to the individual nurse his views concerning the treatment of patients. He can instruct and admonish employees in the most

practical and impressive way, line upon line. In a given case, mistakes can be pointed out and the right method suggested.

I find that attendants dislike repeated interviews of this character with the superintendent regarding their personal relations with patients, hence they soon become more deliberate and thoughtful before getting involved. They allow the patient more time to comply, or more freedom in the manner of response. This is an important step in developing good nurses. The haste of the attendant too often explains his failure to gain control over troublesome patients.

To aid attendants and nurses having fractious patients under their care, to inaugurate the better way, a certain amount of fruit and candy is placed at their disposal weekly with which to reward such patients for good conduct, — a bribe for friendship and good behavior, if one cares to so regard it.

In my opinion, publicity is a great aid to good hospital management. Permitting the mass of patients to understand what is expected of attendants is only reasonable and is a measure of protection to them. Any employee who will object to such arrangements can better be dispensed with.

Calm judgment must be exercised in adjusting differences between patient and attendant, but a strict line of duty, plainly stated and invariably insisted upon, will work out all right with employees who act upon right motives, and the earlier those having dulled or erroneous notions are discouraged and dispensed with the better.

I am also convinced that a considerable amount of ward visitation by the general public, even those who visit from curiosity, has its good results for the treatment of the patients. To the same general end there are good reasons for permitting patients' relatives and friends to visit on the wards. Minor abuses of this privilege often creep in, but these do not offset the good results except in the judgment of the pessimist. When attendants fully realize that parties interested in the general condition and treatment of patients may appear on their wards, without advance notice, at any hour, the ward and patients will be maintained in a more presentable condition, and caution respecting the treatment of their patients will be greatly stimulated. When once employees become convinced that the officers of the hospital, fearing public opinion, will suppress unpleasant and damaging facts concerning the treatment of patients, they incline to act recklessly, and in this way compromise the management.

I trust I have made plain my views that the most important step in providing against the illtreatment of patients is the judicious

discipline of the attendants and nurses. Candidates for such positions usually come from the country, are young, without cultivated social experience, and with vague notions of humanity. They require to be taught self-restraint, gentleness and patience.

With the best intentions, and with such methods as I have come to employ in the ideal development of nurses, I deem it most essential to retain in the service experienced and thoroughly tested employees in sufficient numbers to keep such persons in charge of the admission and turbulent wards. Wages must be offered such important subordinate officials commensurate with the value of their services to the hospital. Raising the wages of beginners, in my opinion, accomplishes little in this direction. The greater number of those who enter insane hospital service remain but a short time in any one institution. Frequently they try one institution after another. Such a habit of changing from hospital to hospital is a great obstacle to the proper training and discipline of those in whose custody patients must be trusted the greater portion of the time. If some measure could be devised for checking this unsatisfactory habit, it would be conducive to the better treatment of the patients. It is so easy for this class of employees to secure a position in any New England hospital, that many will resent disciplinary measures, object to necessary features of hospital life, trump up trivial complaints, or, conscious of having abused some patient and expecting censure, pass along from hospital to hospital, hoping to find an easy job, lax supervision and liberal wages. Occasionally they change names as they go from one institution to another. More frequently they misrepresent the facts regarding their past history. I have received three applications within one week upon each of which the candidate had written "Have had no previous hospital experience," which statement I was able to prove false by reports previously filed in the hospital office.

If the management of all the State hospitals could agree to accept no "experienced" second-hand applicants, it might accomplish something in the right direction. Then, once started in a given hospital, the candidate would feel obliged to conform to local requirements, look forward to promotion and advanced wages, make an effort to favorably impress the officials, and thus work up to the standards of the institution, taking pride in his personal progress and gradually developing high ideals of nursing.

I can imagine a form of civil service, to embrace all the hospital workers, with special rules restricting changes from hospital to hospital without a permit from the central bureau, that might

greatly aid in providing against the illtreatment of insane persons in State hospitals.

Dr. John G. Blake, trustee of Gardner Colony: — Having been interested in the care of sick people for many years, I thought I would come and give one suggestion. I think that in the argument the point is very clear that there are only a few things to consider, — to get better men, and to either get the better men because of some love on their part to take care of these people, or by offering them larger wages and appealing to their sense of charity and humanity.

In looking back over fifty years in the treatment of sick in hospitals, beginning with the Massachusetts General and running down through the Carney Hospital and the City Hospital, I have studied carefully the manner of taking care of the sick, and I can see how we have made enormous progress. In 1860 we could not get the nurses we have to-day. We have gotten these nurses because we have developed training schools. We are very sure of getting efficient female nurses, but we are not so sure of getting male nurses. If we could have training schools for educating male nurses and orderlies the same as we do female nurses, we should have correspondingly good results. I have no doubt that in every large institution everything is done so far as things can be, but outside of that it seems to me that the State of Massachusetts, in the care of these persons, is entitled to give a little further attention to the preparation of men by educating them in the care of the sick. It is done to some extent in every institution, but not to the extent it might be.

The State establishes normal schools for the preparation of teachers and schools for women nurses, but does nothing for the orderlies, the men. We get them from the poorer classes; we do not pay them much, and they are expected to learn to take care of the sick, but they do not do it satisfactorily.

I have studied the matter for years. Sunday I went over the whole subject with Dr. McCollom, and I thought I would speak of it here because sometimes in a multitude of heads we get more or less good advice. It seems to me that if we had a training school for men nurses, orderlies, we could get a sufficient number to attend. We should offer them a somewhat larger amount of wages than they are accustomed to receive now. They would be under instruction, and taught constantly and progressively. We could keep them for two years and then give them a diploma. I know that female nurses in and around the city get very large com-

pensation, from \$3 to \$5 per day. That is a good deal. If we can train orderlies so that the chronics can be taken care of at home, it is a good thing to be brought about, as well as promising better care of our own patients in our hospitals.

Dr. Worcester at Waltham has established a training school for nurses who can look after poor people. The aristocratic nurse does not belong to his school at all — just those who will nurse the poorer class at moderate compensation. This does a vast amount of good. If the State established some such school I have no doubt that we would get a large number of pupils. If we had that school, and made an attractive yet truthful statement as to the conditions attending the school, of the advanced wages which could be established for the pupils, and keep them there for two years, and then, if they proved themselves satisfactory, give them a testimonial of their conduct, skill and capacity for self-control, it seems to me that we would get something better than we get now.

We provide for our teachers, for the greater care of our sick people in the general hospitals by our training schools, but we have not done much, if anything, for our men. It may cost a little more for men of higher class, but I do not think we should be bothered about that particularly. The State of Massachusetts never expends money more profitably than in the care of such as come under our supervision. I think the State is amply competent and willing to pay for the care. This is commended to the earnest attention of our own State Board for serious consideration.

Mrs. Sarah D. Fiske, trustee of State Infirmary and State Farm: — In considering the safeguarding of the patients in our institutions, I can think of no better way than that of the very careful selection of the nurses and attendants who are to have the care and supervision of them.

It is with pleasure that I have listened to the almost universal testimony in favor of the women nurses and attendants. To me they are the ones God has intended for that part of the work in the world, and has put into their hearts the wish to give the loving service to those who need it. For this reason they think the profession of a nurse worthy their careful preparation and study, and are willing to put years into the work. I feel they, as well as physicians, pharmacists or undertakers, should be granted registration to compensate them for the time they have spent for their education.

I was present at a hearing before the State Board of Health on the question of the registration of nurses. At that meeting there

were a great many young men present who themselves acknowledged that they did not encourage the registration of nurses because they did not care to put the time and work into the education that the female nurses do, and registration might work against them.

Would it not be a good plan to abolish letters of recommendation, if, as in the first paper read to-day, it was acknowledged that a gentleman who wrote a letter of recommendation did not think such letters amounted to anything? Is it not better not to have them than to have them where they mean nothing and are thus deceiving?

Mr. William F. Whittemore, member of the State Board of Insanity: — I would like to raise a single question which has already been alluded to in one of the letters this morning. That is the question of women nurses.

I have noticed in such institutions as I have had the privilege of visiting in England, Scotland and Germany that there are more women nurses on the men's side of the hospital than we find here in Massachusetts. The suggestion was made in one of the letters of the desirability of so employing women nurses. From my inquiries of those in charge of the hospitals abroad, I have found that it is a distinct policy there, and ever since that the question has interested me very much.

Dr. E. Stanley Abbot, first assistant physician, McLean Hospital: — We have had at McLean Hospital for several years a woman nurse on each male ward except that for the most disturbed cases, and it has worked very well. It has given a more domestic atmosphere to the wards, and in the number of years we have had it I do not think a nurse has ever felt that she has been subjected to insult or been put in any other uncomfortable position.

We have a training school for both men and women, and we take no men or women into our employ as nurses who do not join the training school; that means the men must have a certain promotion to look forward to. The question of the relation of the women nurses to the men nurses has been one we have worked out in this way: we have to hold out to the men the prospect of promotion be in charge of a male ward, even though there be a woman on that ward, so we give the women nurses the charge of certain domestic functions on that ward, namely, looking after the linen, looking after certain functions in the serving room, and the general charge of trying to do what they can to entertain the patients. The male nurse is in charge of the ward and is head nurse on that ward, and he is responsible for the care of the patients. He is also responsible

for the housekeeping on the wards. He must assign the work, to the under nurses, of making beds and taking care of the patients. We have found in actual practice that there has been no conflict, so that the plan has worked pretty well.

I read recently a report of the General Hospital for the Insane at Peoria, Ill., in which they have many women nurses on the men's side. The superintendent in his report writes very enthusiastically of it. From the report I judge that in many of the wards they have no men nurses at all, even in some pretty disturbed wards. I infer that on the very disturbed wards, where there are violent or very untidy patients, they have some men nurses who have rather the function of orderlies, but that there are no wards where there are no women nurses. The superintendent spoke very highly of the service rendered.

As to the prevention of abuse to patients. I did not hear the first two papers that were read, and heard only the last few words of Dr. Quinby's paper, so I do not know what was said then. We do not allow a patient, on either the men's or the women's side, to be handled by one nurse alone. If any force is required, there must always be two or three nurses present. We make a practice of having it reported to the supervisor before any force is used. We give instructions that no force is to be used unless absolutely necessary. When there is need for handling a patient by force, it is usually mentioned by the doctor in the orders which he gives at the time, — to be sure and handle that patient carefully and see that there is no undue force used.

It is very hard to prevent nurses, either men or women, from undertaking to use their discretion. I do not see how that can be prevented. We try to instill into the nurses, by practice and by example, that a patient is not to be nagged, not to be coerced unless he is doing something absolutely dangerous to himself or to others; to let him do the things he wants to; to let the domestic order of the ward be somewhat upset. It will quiet down. I would rather do that than have a patient unnecessarily handled. Our nurses are requested not to say to a patient "Don't do that," but rather to say, "Won't you do this or that?" We allow a patient to clamber on the table if she wants to, so long as she does no harm. She won't hurt the table.

I think one fault of management, perhaps, is that the ward is required to be in a certain order by a stated time in the day. I know that was required at the City Hospital in Boston, and I think sometimes the patients have suffered some neglect in order

that the ward might be presentable at 9 o'clock in the morning, when the doctors came to visit. I tell the nurses in my wards that I would rather have the patient comfortable and in a happy frame of mind than to have the ward work done at such and such a time and the patient neglected, and it doesn't offend me in the least if the ward is in some disorder when I make my visit, provided the patient is attended to and looked after. That is the important thing. If a nurse is going to be chided for not having her ward in order by 9 in the morning, when there are two or three patients who are untidy and have to be washed and dressed, etc., she is apt to think the tidiness of the ward is of more importance than the welfare of the patient. I think that is responsible for some of the coercion that is used on patients.

I believe with Dr. Page in publicity. If we have to use mechanical restraint, and we do in some cases, I tell the head nurses I am perfectly willing the friends should see the patients just as we have to take care of them, and I often let the friends go in and see the patient struggling with three or four nurses who are trying to prevent her from injuring herself. Let the friends see the form of restraint and explain to them just why we have to use it. They generally approve. We try to use as little restraint and seclusion as we can, and we are continually asking the nurses if they cannot let a patient out of restraint or seclusion for a little while. Sometimes we let a patient out of restraint or seclusion for a while even though we have three or four nurses watch her; and we are continually encouraging the nurses, and commending them when they are able to let the patient out of restraint. No restraint is used, of course, without a doctor's order.

We need to have an abundance of nurses, and there should be more nurses in proportion on the wards, where more coercion is likely to arise. The nurses will get into the way of trying to decrease means of intimidation.

The difficulty of getting a sufficient number of good nurses is not solved so easily as Dr. Blake would let us infer, because even with a training school such as we have, where we try to make conditions for service as good as we can, it has been difficult to get a sufficient number of competent men and women. I think a training school does help. It gives us control over the actions of the nurses, and they come more in contact, in an agreeable way, in their lectures, recitations and other exercises of the school, with the officers, and I think it is a help.

Dr. Owen Copp, executive officer, State Board of Insanity:— If you have read Clifford W. Beers' book, "A Mind that found Itself," you noticed that all his troubles began after he became a bad patient. Previously he had no complaint to make and was well treated. Our problem, then, relates to the bad wards. The care of the patients upon them presents real difficulties. The nurse single handed is not equal to their mastery. There are conditions which require correction in order to avoid restraint and seclusion of patients, and which, unrelieved, lead to abuse. It is not sufficient for the medical officers to say, "You shall not restrain; you shall not seclude, and you shall treat kindly." They must be resourceful in personal effort to relieve these conditions. The nurses, of course, can do much. The higher their quality the greater the safeguard against abuse, but, unaided, they will never be of such quality and efficiency as to successfully cope with these difficulties.

Dr. Houston's suggestion that the medical officers come in personal contact with such patients as much as possible is a good one. Each difficult ward should have in charge a nurse of high character, well paid and holding the rank of an officer. I agree with Dr. Blake that it should not be a matter of money. If a definite need like this is presented to the Legislature, and it is made to realize its importance, the funds will be forthcoming.

If you review the condition of your institutions you will find, as a rule, I think, that the bad wards are overcrowded, if there is overcrowding anywhere. This is wrong. The overcrowding, if unavoidable, should be on the quiet wards. The excited patient requires elbow room; he is irritable; he must have sufficient isolation to prevent unfavorable reaction upon his fellow-patients. He is likely to be kept indoors because his condition does not allow of his going out to walk or to work, hence we ought to take especial pains to make his living conditions as favorable as possible.

Miss Sarah B. Williams, trustee of Westborough Hospital:— I would like to ask if any superintendent is in the habit of calling his male attendants together and trying to get some expression from them as to what their idea is as to handling the difficulties which arise. Many of them come there untrained. The women do get lectures, of course, in the training, but I have often wondered whether the men received the same attention.

Dr. Morgan B. Hodskins, assistant physician, Monson Hospital:— The new attendants when they come to the hospital are met either

by myself or Dr. Flood twice a week for a period of about three months. They are instructed as to the care of patients, and what they shall do in case of trouble, and the general administration is gone over with them two or three times. We also have provided that, if they will, they can attend the training school.

Dr. Copp:—Do you also give them lectures and talks informally if they don't join the training school?

Dr. Hodskins:—We do. They have to have some instruction, but if they wish they can join the training school.

Dr. Arthur V. Goss, superintendent of Taunton Hospital:—We give a course of lectures on general nursing and hospital work to all of our nurses, both men and women. In addition, in our training school, we give the same course of instruction to our men nurses that we do to our women nurses, and all who successfully complete the course receive diplomas.

Our training school has been in operation some twelve years or more, and there has been only one class that graduated no men. The number of men has always been less than the number of women, which is what we would naturally expect.

I think our success in educating men who have joined our training school has been as good as our success with the women. We have three men supervisors at the present time who are graduates of our training school, and one of our medical staff received a diploma of our training school before taking his medical degree, and I believe he is a better and more efficient man in consequence of the same.

Dr. George S. Adams, superintendent of Westborough Hospital:—I do not think I can add much to what has already been said this morning. I believe in just what has been said in regard to the method for the prevention of abuse of patients by eternal vigilance. The officers should go upon the wards at unexpected hours, not taking the same route in making their visits, so that the nurses and attendants may expect to see physicians or supervisors at any time. I believe also in the immediate discharge of any one whom we believe is unkind.

It seems impossible or very hard (and I think the other superintendents will bear me out) to get the local courts to convict a man who has been guilty of abuse of a patient. Occasionally we have evidence by some one whom the courts will accept. Our local courts are inclined to let the accused go, not recognizing the influence of a conviction upon the rest of the force. About a year

ago I had a case where we had plenty of evidence of abuse, and I had a warrant made out, and the judge finally, after being remonstrated with, fined the man \$10.

Dr. Charles W. Page, superintendent of Danvers Hospital: — The practice of using women nurses on male wards was tried at Danvers some years ago, and where we could get suitable married couples to take care of the wards it worked extremely well.

In regard to the violent wards being especially supervised, I tried it once and put in that position an especially competent person. This person was not to spend all the time on one ward, but all the nurses on three back wards were given to understand that she was a sort of supervisor, but it created such a feeling of jealousy that I gave it up. The person employed was worried so much, and she reported such evident jealousies and so much feeling against that method, that she was glad to give it up.

I do what I am able to as to the prevention of abuse to patients. I cannot prevent it entirely, but I discharge any nurses or attendants whom I know illtreat the patients.

Dr. Herbert B. Howard, chairman, State Board of Insanity: — As I understand it, the Asylum for Insane Criminals does not allow any force to be used by the attendant who is in charge of a patient. He can invite the patient to his meals, invite him to go out of doors, invite him to do this and that, but he must not lay his hand on the patient. If the patient is out of doors and it is time for him to go in, the attendant may tell him to go in, but if there is need for any force, all the attendant can do is to report it to an outside party, either the physician or the supervisor. The physician can order something done, but not the attendant, so that it makes a different relation between the patient and his attendant, — a distinct relation, somebody else taking the responsibility for all that makes for trouble and bad blood between attendant and patient.

The twenty-second semiannual conference was held at the State House on Nov. 16, 1909.

The subject for discussion was: Clerical medical work in State hospitals.

The views of the different speakers as expressed at this conference were as follows: —

Dr. George S. Adams, superintendent of Westborough Hospital: — I may say that in our method of taking, recording and filing cases, we use the vertical file, which I know is also used in a number of

hospitals. The cases that go out of the hospital are also filed away alphabetically and vertically, so that they can be referred to readily. When a patient is admitted, we have one sheet on which is recorded all the facts required for statistical purposes, that is, his admission number, sex number, year number; and then the patient's birth-place, residence, birthplace of father and mother, habits as to alcohol, tobacco, drugs, etc., and all other information that is wanted is put on this side of the sheet. On the other side is the physical examination. We record the weight, height, chest expansion, and all other facts that would identify the individual. The physician to whom the case is assigned makes the mental examination, which is recorded on a separate sheet, and the case continued. Where a relative accompanies the patient, we try to get as much information as we can at that time. It is very desirable to get a full history, and we have to send sometimes for a relative, or friend when the relatives have not been in touch with the patient, to get as much information as possible, and this sometimes takes two or three months, even longer. We always send to the relatives of the patient a circular calling for information, beginning by saying, "We wish to secure as complete a history as possible of our patient;" then we ask for answers to the questions that cover the history of the patient, and finally we say, "Please tell us in your own language what you know about first changes noticed in patient, and what changes from normal from time to time."

As regards records required of nurses, we have a daily ward report which gives, in addition to the condition of each patient, where received from, where removed to, and any other remarks desirable for information to the physicians. This we require to be signed on the ward by all the nurses, beginning with the head nurse. This goes to the supervisor, and in addition there are reports concerning accidents and injuries to any of the patients. It has occasionally happened that we have been required to have the records in court, being summoned and requested to bring the records for that purpose.

In regard to the correspondence and informing relatives as to condition of patients. The correspondence written by patients is looked over by the physicians just as soon as they can find time to do so. There is necessarily some delay, as they most frequently write Sunday, and on Monday morning there is a lot of mail, and occasionally it happens that the letters are not all read until Monday afternoon. Sometimes it is necessary to retain them as they are unsuitable to be sent out.

I do not think of anything further that I need to add. I have further records, but these cover what is asked for by the Board.

Mr. Whittemore:— I would like to ask Dr. Adams if he has any system of recording the temperature of the wards, particularly the women's wards.

Dr. Adams:— The nurses make the record.

Mr. Whittemore:— How often?

Dr. Adams:— In the morning and afternoon, and the night watch makes it at night.

Mr. Whittemore:— Three times in twenty-four hours?

Dr. Adams:— Yes.

Mr. Whittemore:— Does that go into the office as a record?

Dr. Adams:— Yes.

Dr. Copp:— Does your engineer review that systematically?

Dr. Adams:— Yes.

Dr. Copp:— What about restraint?

Dr. Adams:— The State Board requires a record of restraint for each month, and there are sometimes a number of different patients restrained in a month, taking all forms of restraint. We use the mildest form of restraint possible in each case.

Mr. Whittemore:— Is that record displayed in such a way that it is open to the trustees so that they may review it as a whole?

Dr. Adams:— It is, but it was not until the State Board asked for the monthly record. Since that time we have kept a special record of the restraint.

Mr. Whittemore:— That record is kept at the hospital as well as sent to the State Board?

Dr. Adams:— Yes. On the physician's daily report we have the names of all patients ordered in restraint, and the reason why. This comes to the superintendent every noon. The physicians making these daily reports record every fact that they think should come to the attention of the superintendent. From this daily report we make the separate record of restraint.

Dr. Copp:— How many persons, how many clerks do you need to employ to do this work?

Dr. Adams:— Three, including my secretary.

Dr. Copp:— First, you have your medical records, and, you employ how many to do this?

Dr. Adams:— I have two clerks.

Dr. Copp:— And then your other clerk?

Dr. Adams:— I call her my secretary. She attends to the correspondence and also does more or less statistical work. She keeps

record of the visitors. We make a record of visits to patients by their friends, and she keeps that record on a card index so that we can refer to the number of visits a patient has had during the year.

Dr. Copp:— What I want to emphasize is the labor of recording the history of a patient, and the permanent record of his hospital life. It amounts to a quantity of work which I think you have no realization of until you come to consider it.

Dr. Adams:— For two years I have had a temporary clerk to keep up the records, but just now only one of my clerks is left, so I am a little crippled. Ordinarily the two can take care of it very well.

Dr. Copp:— I would like to ask why this correspondence is not done by the assistants keeping the records.

Dr. Adams:— I do not attend to the correspondence of the patients; that is attended to by the assistant physicians, who forward all the correspondence proper to be sent as soon as it is looked over.

Dr. Copp:— What about using hospital records in court. How are they used; who has record of it?

Dr. Adams:— The history of a patient is sometimes required by the court. We take all the papers which are kept together in an upright file.

Dr. Copp:— Now, in keeping the records of the case I should think that it might be done as it is in the Massachusetts General Hospital, by the house officers.

Dr. Adams:— We did depend upon that at first, but it became such a burden that we now have the physicians dictate their notes to the clerk while on the ward, and have them transcribed afterward.

Dr. Copp:— They dictate notes, do they?

Dr. Adams:— Yes. Every year we have been adding to the detail of the work relative to our patients, and that makes it necessary that we should have the clerks do this work.

Dr. Copp:— To what extent is the correspondence of patients allowed to go on? Can you examine every letter sent by patients to friends outside?

Dr. Adams:— No. We examine letters for two reasons: first, to learn the mental condition of the patient. We learn much from that. And then, for the second reason, we do not permit matter that is improper to be sent through the mail; but with these restrictions we permit as much correspondence as is desired, and encourage it on the part of the friends. We furnish patients with one stamp apiece a week for letters. Every Sunday morning the supervisor

goes on the wards and asks each patient if he or she wishes to write letters, and furnishes paper and envelope for that purpose. So, you see, Monday morning is the time when most of the correspondence comes to the office. When a patient has been with us two or three months, and we recognize the handwriting, the physician often seals the letters up without looking at them. It would be a burden upon the physician to read in its entirety every letter that goes out.

Mr. Whittemore:—A sealed letter is invariably sent as addressed, to the Governor or the State Board of Insanity?

Dr. Adams:—Yes. We send it at once, as soon as it comes in, to the Governor of the Commonwealth or to any member of the State Board of Insanity.

Mr. Whittemore:—But no other sealed letters are allowed to pass?

Dr. Adams:—Yes, as stated above.

Dr. Arthur V. Goss, superintendent of Taunton Hospital:—When a patient is brought to the office to be admitted, the admitting physician fills out a printed blank with the number and name and the main facts as obtained from the commitment papers. This the supervisor takes and adds the patient's height, weight, temperature, pulse and certain other facts, including a careful description of the condition of the patient, and at the bottom makes any additional remarks in reference to patient. This paper forms a part of the patient's record and is later returned to the medical office. We use the vertical file, which has already been described.

Dr. Copp:—Trace the history of the patient as regards your record.

Dr. Goss:—There is one sheet which, I am very sorry to say, is absent, which goes with the clinical chart, — the nurse's paper, that is filled out on the ward and when complete is brought to the office and filed in the case envelope. The head nurse on the ward keeps a clinical record, for one week, of every patient admitted, and then continues until the physician in charge orders it stopped. We have a special sheet, or "bedside notes," for these special notes, but through an error of my clerk I have not one of these sample sheets with me. The nurse also keeps a clinical chart, of which this is a sample. When the physician orders the record stopped, these notes are brought to the office, and after being approved by the physician are filed in the case envelope and form a part of the case.

Within twenty-four hours of the time the patient is admitted, the physician is required to make a careful physical examination. I will not say that it is always done within twenty-four hours, but

as near that as possible. Our intention is to have it done within the first twenty-four hours. This is dictated to the stenographer, and as soon as possible a mental examination is made.

The physicians are required to make a careful record of the recent cases. There is no hard and fast rule, but at least a weekly note is expected, and in cases that are at all critical, daily notes, or at least two or three times a week, are expected. In the older cases, of course, the notes are farther apart, and in the cases that have been in the hospital five years or more, unless there is some special reason for a special note, the physician is only required to make an annual note.

Dr. Copp:—You get an annual note in every case?

Dr. Goss:—Yes.

In regard to printed questions for relatives. We try, when any patient comes to the hospital, to get a personal interview with some relative who comes, giving information as to the family history and previous life history of the patient. In some cases we are not able to do that. The only interested relatives, or the only ones who are able to give that history, may be at a distance, and unable to come to the hospital, in which case we send out a special blank.

Dr. Copp:—Do you send that immediately in every case, and then supplement it by personal interview as far as you can get it?

Dr. Goss:—We do not send it in every case. Sometimes we get the previous history when the patient comes to the hospital; if a relative comes with the patient we take the history immediately. We only use this blank where we cannot get a personal interview.

As to records required of nurses. The head nurse on the ward is required to keep a daily record of each patient and that record is sent to the office to be filed with the case every month. When they get too numerous we condense the information and destroy the old ones.

Dr. Copp:—Who does this when they are too numerous?

Dr. Goss:—The physician.

Dr. Copp:—Who makes the abstract?

Dr. Goss:—The physician in charge of the case.

Dr. Copp:—Do you do that very often?

Dr. Goss:—Yes. We do not, as a general thing, file all of these monthly reports of the nurse. The physician every month is expected to take these monthly reports and make his case record.

Dr. Copp:—In all cases the record of each patient is an abstract from those, made by the physician?

Dr. Goss:—Yes, except in regard to the bedside notes and those

made by the nurse in critical cases. These are always filed with the case and preserved, independent of the physician's records.

Dr. Copp:— You destroy these original monthly reports?

Dr. Goss:— Yes, the monthly ones, but the nurses' we do not.

In addition to the monthly record, the head nurse is required to keep a daily ward record, on which is recorded the number of patients admitted; the number who leave the ward for any reason; the number of patients who are working, and where; the number who go out to walk; the number who are destructive or violent; the names of all the patients secluded or restrained,— for what reason and by whose orders, the kind of restraint and the length of time of the restraint or seclusion. These are brought to the office every month by the supervisors, and are examined and marked, "correct," or handed back for correction by the physician in charge of the ward.

From these daily records we make up a daily report, which we keep indexed,— which report we have kept for a great many years,— of patients restrained and secluded, how long and why, and, recently, by whose orders.

Dr. Copp:— How closely is that posted up?

Dr. Goss:— Every day.

Dr. Copp:— So that the trustees can at any time see all that has happened up to any previous date, and the names and by whose orders?

Dr. Goss:— Yes.

I have not spoken of the night nurses, who are also required to make a report, which is handed in every morning, of anything out of the common that has happened to any of the patients in their care. That is received by the physician, who examines it and makes record of any facts that are of interest.

I think I will go back to "printed questions for relatives," as we have one other blank. As the period of trial visit draws to a close in a case where we have not kept a close watch of the patient, we send out a blank to the friends. I would state, however, as has been mentioned on previous occasions, that we have a custom at Taunton at present, in a certain number of selected cases, of requiring the patients, during the trial period, to report in person at the hospital once a month generally; on one occasion we required a report oftener than that, of a patient living in Taunton. We have had nothing but satisfactory results with this system of reports, and we have been able to watch our patients through the whole period in that way, and to know at any time whether they were

in the condition that we thought they were when they left the hospital. I am pleased to say that very few — I may say almost none — of the patients have regarded it as any hardship to come, and quite a number, at the conclusion of the period, have said, “Good-by, but not for good; I am coming back again.” I have always said, “Come back as often as you like and stay as long as you please. We are always glad to see you.”

Dr. Copp: — Do you find the relatives willing to answer these questions?

Dr. Goss: — Almost always. There have been a few cases where they were not, but very seldom.

When a patient leaves the hospital, I send a blank by the person in whose custody he or she goes, or by the patient himself, if he goes alone, stating that he was discharged that day on trial visit, and for so long, mentioning the time on which his trial will expire.

For the convenience of keeping our records of discharges daily with as little difficulty as possible, we have another blank, which we use on a horizontal file.

Dr. Copp: — Do these slips ever get lost, or fail to be put on?

Dr. Goss: — Besides this slip, the discharge is put on the daily register, so that each acts as a check on the other.

As to showing records in court, all that I can say is that my experience is altogether too small to make any definite statement. We have had occasion to take them in but a few times. My experience to date has been that the court did not want them; it wanted the testimony, not the records.

As to correspondence with patients. Our patients are allowed to correspond with whomsoever they please, provided they send proper letters. We supervise the correspondence, and all letters that would be improper to send through the United States mail are of course suppressed; any letters that contain gross misstatements, or those that are liable to be misleading or to cause pain and distress to those to whom they are addressed, are sometimes suppressed and sometimes are sent with a letter of explanation.

In regard to the letters that the patients receive. We do not attempt to exercise any supervision over them whatever, unless in case of patients with criminal tendencies, where, for some special reason, it is thought best to have supervision over the mail they receive as well as the letters which they write; but these cases are very rare, and I do not remember more than half a dozen in the nearly twenty years that I have been at Taunton.

Sometimes, in the case of drug victims, they may have drugs sent

to them, or a patient who is dangerous may have a knife, or something of that sort, sent him. This is the kind of supervision that I mean.

As to informing relatives of patients' condition. Each physician is required to notify the relatives, without delay, without referring it to the superintendent, of any material change in the patient's condition, and answer any inquiries. He is required also to notify the responsible relatives of every patient who receives an injury, no matter how slight the character of it may be. If it is simply a slight bruise or abrasion, the physician in charge is required to write a letter to responsible relatives stating just the extent of the injury, what it is, and, as far as he knows, how it was received.

The temperature on our wards in the winter is taken three times a day, and reported to the office, and the engineer is required to regulate it. In case the temperature at any time is either too high or too low, the supervisor is expected, and does, report it to the office, so that it may be corrected. This is independent of the regular time we take the temperature.

Mr. Whittemore:—If you find a letter addressed by a patient to some one outside, claiming that certain abuses are being carried on within, what would you do with it?

Dr. Goss:—That depends a little on the patient and the person to whom it is addressed.

Mr. Whittemore:—How would you avoid the charge that such things are suppressed by the authorities at the hospital?

Dr. Goss:—So far as possible, we send these letters. I have suppressed some of them for the reason that the statements made I knew to be erroneous, and I knew that the person to whom they were addressed would be distressed by them and no good result would follow; but as a rule we send the letters, and send an explanatory letter along with them.

Mr. Whittemore:—Would you send such a letter to any interested person who would have a right to see it?

Dr. Goss:—Certainly. If to some stranger, I have not always thought it was my duty to send such a letter.

Dr. Hosea M. Quinby, superintendent of Worcester Hospital:—At the Worcester hospital we have used for several years, most, if not all, of the blanks which have been shown here by the gentlemen who have preceded me, and I need not, therefore, again call them to your attention.

I wish more especially to speak in regard to our method of case taking.

The medical records of the Worcester hospital, from its opening in 1832 to 1896, are contained in sixty odd folio volumes; but although so formidable in bulk, they are unfortunately of but little scientific value, handing down to us as they do but little save a record of the age and residence of the patient, the form and supposed cause of the disease, with the date of his entrance and condition on discharge. To know that a patient was "violent and destructive," and a little later on that he was "quiet," or that he was "depressed" on entrance and later "much improved," is of some value, perhaps, but hardly of scientific import.

In 1896 a new method of case taking was adopted. In place of the old record books, we now use, as a matter of convenience in recording our histories and for easier reference, separate sheets, which are kept in a heavy manila cover, until such time as the record is complete and permanently filed. In this cover is contained not only the medical history, but everything relating to the patient; all important correspondence in regard to his admission and discharge, any court proceedings, such as guardianship papers, etc., together with newspaper clippings, and such of the patient's letters written to the officers of the hospital as may be of interest.

We try to make the medical history complete in every detail, and to give therein such a minute and exact picture of the patient and of his life while at the hospital that even a layman can gain therefrom an adequate idea of his condition and of the course of his disease.

Each patient receives, within three days after admission, an exhaustive physical examination. This is made by the senior physician in charge, with the assistance of an interne. Such an examination takes much time, and can seldom be completed at one sitting. Following the physical examination comes the mental status, and this, too, rarely can be completed until after many and long interviews have been held with the patient. Such an extended examination necessitates in many cases a voluminous record, and more especially as it includes frequently the statement of the patient, given at length, and as far as possible in his own words. For purposes of ready reference it is often desirable that the salient points in the record should appear in a more condensed form, and therefore the physician, before giving his notes to the stenographer, precedes each entry by a concise statement of its more important points, noting the condition of the patient as thereby indicated. This epitome appears in the completed record in displayed type, and the utmost care is always taken that it shall contain no statement that

cannot be verified from the contents of the text which follows. It is not sufficient, for instance, to state here that the patient is disoriented as to time or place, that he has delusions of persecution or of reference, etc., unless the facts warranting such a statement appear in the text.

We consider our records as privileged, containing, as they often do, facts in regard to patients given to us in confidence, and always refuse to open them for the inspection of counsel of either party in cases of controversy. When it comes to court proceedings, however, it seems to be in the power of the court to decide whether such records shall be used or not. Whenever I have been required to produce our later records in court, I have found them of great value.

As to correspondence of patients. We are not in the habit of restricting this in any way, each patient being allowed, usually, to write whenever and whatever he pleases. In case any letters are objectionable, either obscene or threatening, or contain matters which the patient would not presumably have sent out had he been well, they are sent to some responsible member of the patient's family, or to his guardian. Letters abusing the hospital and complaining of illtreatment are no exception to this rule. Letters to His Excellency the Governor and to the State Board of Insanity are always sent unopened.

It is not our custom to send our reports as to the patients' condition at any stated time, but we answer all letters of inquiry upon the day they are received, and report at once, either by letter or telegraph, any injury, accident or important change which may occur.

Any injury to patients, of whatever character, must be reported at once, by the attendant, upon a blank provided therefor, and this blank given to the supervisor for transmission to the office. It then becomes the duty of the attending physician to immediately examine the patient, and make, upon the same blank, a written report as to his condition, with the date of his examination. This report then goes to the superintendent for such further action as may seem necessary, and is finally filed with the case.

A daily report of all restraint and seclusion is kept on file at the superintendent's office, and a monthly report sent to the Board of Insanity.

As regards the temperature of the wards, our heating system is such in the older wards that the nurses have but little control thereof. Our engineer is charged with this duty, and is expected

to go through each ward several times a day and see that a proper temperature is maintained. We are troubled for the most part with too much, rather than with too little, heat.

Dr. John G. Blake, trustee of Gardner Colony: — I am anxious to learn what our scientists are doing in connection with the subject. I have not heard from them since I became a trustee. Very soon I hope they will give us the result of their work. To most of us, the scope and character of their investigations will be highly interesting, as showing along the lines upon which we hope to make progress.

In these days of preventive as well as curative medicine, we may take hope that the well-trained intellects, working earnestly and harmoniously with the other members of the staff, will enable us, as befits Massachusetts, to take and keep a leading part in the treatment of insanity.

Dr. Elmer E. Southard, pathologist of the State Board of Insanity: — In the matter of record making we are better off in the State institutions for the insane than are the workers in the general hospitals, because we have typewriters instead of pens for the purpose of making clinical records. No physician's time in a State institution is given up to mere manuscript, as is still unfortunately the case in many of the best general hospitals. Many internes going through the general hospitals develop a certain lack of ambition, partly due to the long grind of penmanship which the authorities in the general hospitals make necessary. With dictation through stenographers, or, as in the case of one institution at least, to phonographs, there is no longer any excuse for inadequate records in our State institutions, except, possibly, the fatigue in the physician generated by overcrowding of the patients.

In still another and more important point we excel the majority of general hospitals, namely, in the continuous service system which obtains in our State institutions. As a matter of fact, the patients probably obtain better service with respect to admission examinations in the State institutions than do patients brought to the general hospitals, since the examiners are frequently trained workers. We see, moreover, in many quarters, a tendency on the part of the general hospitals to resort to the continuous-service plan, which has been in effect in our State institutions since their inception.

I do not wish to minimize the fact that our records and the character of our service are susceptible of considerable improvement. I have been personally interested in the matter of records both during my service at the Boston City Hospital and more recently at the

Danvers State Hospital. It has been my duty to look over a large number of case records critically, from the standpoint of possible publication, from both of these hospitals, reviewing the cases in the light of autopsy findings. I think each patient gets an adequate examination *once* in all of our State institutions, and from these single adequate examinations, together with subsequent routine notes, it is frequently possible to secure sufficient facts upon which to judge critically the nature of the disease, particularly if we have the autopsy findings as a guide. I am strongly of the opinion, however, that it would be well to have a second complete examination at some time before discharge or death in each case. I am aware that this suggestion, if taken seriously, would involve a considerable increase of work on the part of assistant physicians, but only in this way, I think, can the future reviewer of these cases be protected from the loss of many facts.

Besides the second complete examination, I would also advocate fuller notes than I have sometimes found concerning physical diseases as they occur in our mental patients. These conditions often throw an unusual amount of light on the psychiatric problem. I may call attention to the fact that at the Rutland meeting of the New England Society of Psychiatry, Dr. Theodore A. Hoch, of the Worcester State Hospital, brought out an interesting point concerning manic-depressive insanity, based on the facts concerning physical disease in these patients which had been recorded as a matter of routine. Thus, the patients committed to the hospitals in the first attack of manic-depressive insanity showed a considerable proportion of antecedent physical disease (24 per cent.). This proportion diminished in the cases reviewed by Dr. Hoch that had been committed in their second attack (18 per cent.), and grew still smaller in cases committed in subsequent attacks (third, 13 per cent.; fourth, 9 per cent.; fifth, 0 per cent.). I do not know whether at some time in the future the importance of physical disease may not burst into the situation and alter a great many of our ideas concerning the origin of mental disease. I think that we should attempt to bring up our records of insane cases to the standard of cases in general hospitals with respect to the physical diseases found.

I am aware that an assistant physician will now and then be found who cannot see that he has any hygienic duties with respect to his patients, and that his duties begin and end with the mental side. As a matter of fact, our insane hospitals are perhaps the most important single agency which society possesses for the investigation of hygienic problems. The person who believes he can

contribute to psychiatry without attention to hygiene of every sort is grievously mistaken.

Only a little more work would have secured data for important epidemiological contributions from the institutions of Massachusetts during the last ten years alone, in which years epidemics of dysentery, diphtheria, typhoid fever, measles, smallpox, not to mention others, have occurred in various institutions. The work done in the stress of ridding the hospitals of these epidemics has been good; but, just by reason of the stress of work, the records at these periods become less complete. But trifling improvement in the records would make a great difference in the output of results. Many workers in institutions in the early years of service are fully able to make contributions to epidemiology when their psychiatric experience is still small. I make no doubt that any contributions to hygiene from our institutions would be equally welcome in the world at large with the results of psychiatric work.

With respect to the printed questions for relatives, I have but one point to bring, namely, concerning the matter of heredity. The work of Francis Galton has given occasion for much more optimism concerning the possibility of working out the relations between heredity and insanity than formerly existed. According to Francis Galton, it is possible that we inherit, roughly speaking, 50 per cent. of our qualities from our parents; 50 per cent. of the remainder, namely, 25 per cent. from our grandparents; 50 per cent. of the remainder, namely, $12\frac{1}{2}$ per cent., from our great grandparents, and so on. Assuming for the moment that this account be true, at least for certain qualities, we should possess a large fund of material for working out these problems could we obtain medical knowledge concerning the parents and grandparents, in addition to what we accumulate concerning the patients themselves. Attention should be paid to securing the full names of parents and of grandparents, together with their birthplaces. With this information we should be enabled to work out Galtonian, Mendelian and any other ideas concerning heredity which may be developed, and our knowledge of the relation of heredity to insanity would increase by leaps and bounds. I would call attention to the interest now being taken by the Eugenics Committee of the American Breeders' Association, whose secretary, Dr. Charles B. Davenport, Cold Spring Harbor, Long Island, N. Y., stands ready to give advice in these directions. It is probable that, did we possess a large number of genealogical trees extending back as far as grandparents, we might discover certain types of descent of which we are now totally unaware. An in-

tensive study of these trees from the standpoint of our modern differentiation of mental disease types will obviously guard us from errors into which the blanket diagnosis of "insane" formerly led us. Such plans in the working out will mean co-operation in scientific work by individual officers in the institutions. Each man interested in a family could pursue his search with relative independence, and at the end of several years secure important data. I may here call attention to the work of Dr. Goddard of Vineland, N. J., in the field of feeble-mindedness. The fields of insanity, epilepsy and alcoholism are each ripe for similar study, although each would naturally present its own special difficulties.

In the matter of the use of records in court, I have again but a single point to make. It is evident that from time immemorial the world has never been satisfied with any one man's judgment concerning insanity in a fellow-being. Two physicians must unite in charging insanity. I feel that this principle, which is essentially the consultation principle, should be carried out even in our hospital records. With respect to the cases introduced at conference in our institutions the principle is adhered to, in that the opinion of each physician present is recorded. Later reviews of these recorded opinions naturally tend to improvement in diagnostic keenness. It is an interesting inquiry how accurate our work in diagnosis may be made. During the last year I have reviewed the diagnosis of general paresis and of senile dementia at the Danvers hospital, using autopsied cases and the diagnoses made and recorded at conference as a basis. I found that our percentage of accuracy in the matter of general paresis was 85, or, allowing for certain inevitable errors which might be regarded as legitimate, 90. The percentage of accuracy in senile dementia was lower, but I could demonstrate this to be due to lack of clearness in the conception of this disease as found in our text-books, as well as to the fact that many cases of senile persons without marked organic lesion are habitually termed cases of senile dementia, although they would be more properly termed cases of various mental diseases occurring in old age, though not necessarily due thereto.

Now, the kind of correlation upon which my calculation of accuracy in percentages was based was only rendered possible by the possession of data subscribed to by more than one man. The consultation principle should be maintained so far as possible in all our institutions if we are to improve our diagnoses.

The last matter which I wish to bring up is the question whether we should endeavor to construct a blank form of statement to which

all examiners may conform, or whether we should make for individualized records. I do not hesitate to say that we should rather desire individualized records. I know that inexperienced or overworked physicians may be conveniently served by the blank forms; but inexperience, fatigue or inattention will vitiate any blank form system. I have no objection to blanks that can be filled out as well by a layman as by a physician. I believe it is often of service to have such blanks to be filled out by supervisors or attendants, since by this means a patient may be approached from several angles and from a non-medical angle. Nevertheless, what we should strive for is greater individualization of the records. We must not omit to secure all the social and financial data which laws or customs demand. But it is idle to think that the content of a man's mind may be analyzed in a formal fashion. It is difficult enough to systematize the data afterwards. Abstract terms in histories should be avoided. Our whole tendency should be to the concrete and individual.

Dr. Walter Channing, trustee of the Boston Hospital:—I am very glad to make a few remarks on the subject of the Boston State Hospital, though I had not expected to do so until called upon. Our Board of Trustees being only eleven months old, naturally I am modest about presenting our views in public.

You no doubt remember the special report which was made by the State Board of Insanity to the Legislature of 1907-08 in regard to the State assuming the care of the insane of the city of Boston, and purchasing the hospital buildings in which they were accommodated. This was the last step in the development of the plan of State care for all of the insane in the Commonwealth.

You will also remember that in the report referred to the recommendation was made that the State should be divided into districts, in each of which there should be a hospital. One of these districts was to be composed of Boston and some of the surrounding cities and towns, and to be called the "metropolitan district." The hospital plan in that district might serve as a model for all the others, viz.: there should be a hospital for the care of the acute cases in the city proper; a custodial department for excited and violent cases, many of them curable, but requiring a longer period of detention than in the first department mentioned; a sanitarium for convalescent patients; and a colony for the old and incurable cases.

At the conference which we held a little less than a year ago, I referred to the movement that was being made to secure an appropriation for the land for the psychopathic hospital, or the depart-

ment for the acute cases, and for a sanitarium. The Board of Insanity selected admirable locations and presented their report on them to the Legislature, which, however, did not act favorably upon their recommendation. Toward the end of the last session of the Legislature, \$600,000 was appropriated to purchase land and build a hospital for the first care and observation of acute cases of mental disease. Within the last few months, a site of about 90,000 feet of land, at the corner of Brookline Avenue, Fenwood Road, the Parkway and Vila Street has been purchased. It is about five minutes' walk from the medical school, and seems to be about what is wanted for the purpose. How long it will take to get the buildings ready I do not know, but I bring the matter up as one of the important steps in the development of the Boston State Hospital.

We hope to add to the group of buildings of the present hospital at Mattapan by erecting an infirmary group for perhaps 300 patients, and later, from time to time, to add other groups for different classes of patients.

I think it is only fair for our Board of Trustees to give the credit to the Board of Insanity for taking the initiative in some of the steps which have already been referred to toward the development of the Boston State Hospital. Their broad comprehension of the needs of the insane, and the manner in which they have presented them to the Legislature, have been of the greatest help to all the State insane hospitals.

Mr. Henry Le Favour, trustee of the Boston Hospital: — I really have nothing to add to what the chairman of the trustees of the Boston State Hospital has already told you of the general plans. I should like, however, to express the great obligation which the trustees of the Boston State Hospital are under to the trustees of the other institutions, on whose hospitality we have already intruded so much this last year.

The situation was a difficult one. We came together a year ago, an entirely new Board, inheriting a difficult situation, in that we had really a double hospital, — two hospitals, which we were obliged to maintain as one hospital, — and we had to strive for such economy as we could.

One of our first duties, as we regarded it, was to see how hospitals should be managed, and we have, therefore, visited nearly all the hospitals of the State. We have been filled with envy and admiration at what we have found, for, compared with the conditions with which we were struggling, they seemed ideal. We have the problem, therefore, of adopting as many of the advantageous meth-

ods which we have seen elsewhere as soon as we can, and of applying them to our institution, which, we are told by the State Board, must some day accommodate a very large number of patients; but our progress is going to be slow, and I believe we are already facing the very cheerful prospect of a high per capita cost unit. We have to deal with a relatively small number of patients in two separate hospitals, practically duplicating many features of administration, but we have already started on the problem of the larger development at that custodial center. We have caused plans to be drawn for an ideal complete institution, something which will require perhaps a generation to accomplish, but in the meantime we are doing what we can.

We are already grateful for what we have received in the matter of suggestions and instruction at your hands, and we hope that you will be lenient in your judgment as to our progress.

Dr. Owen Copp, executive officer, State Board of Insanity:— There is a practical side to this matter. It would be difficult for the trustees, or any one, without a full knowledge of the facts, to realize the extent of this clerical work. Originally the medical records were kept by the assistant physicians in very brief form. For the most part they have now been relieved of this work by stenographers and typewriters employed for the purpose, sometimes as many as two or three at a single institution.

Such a system of records might seem to be too elaborate, but the demand for concise, definite and comparative information, not only from State officials but from the public, is imperative. It relates not only to medical matters but also to financial and administrative details. It is not a voluntary creation by the institution, but originates from the outside as an outgrowth of medical progress and the more careful supervision of institutional affairs by State officials. It must be met by the institution, although at considerable expense for clerical assistance.

As regards medical records, there is quite a variation in method of keeping them. To a limited extent assistant physicians still write out the histories of their patients in longhand. In the main, the assistant physician makes his crude notes upon the wards, and then writes them out in longhand in pencil and hands them to the typewriter to copy into the case records. To some extent he dictates to the stenographer. At the Danvers hospital use is made of the "dictaphone." It is of some importance to determine the best way of writing these records. If the Danvers method is successful, it would seem to be economical. I hope Dr. Page will discuss the matter fully.

Dr. Charles W. Page, superintendent of Danvers Hospital: — Our methods at Danvers have been developed from one step to another, as we have had occasion to modify and improve what have been in the form of practices.

The question of cases is pursued with perhaps a little better system by us. In the office there is a tablet with the names of the staff physicians, one above the other, and at the right of these names there is a series of blank squares. As soon as a patient arrives at the hospital the name is written into one of the blank squares, until a vertical line of these squares is filled out. When one line is filled the next is taken, etc. The physician whose name is opposite the square in which that patient's name is written has the immediate interest in that patient. Thus it is decided to which physician each patient shall go, and there is no favoritism; everything is aboveboard, and there are no special cases and no choice, but each man takes the patient whose name appears opposite his name in that tablet. The usher knows whose turn it is to take the next case, and she sends for that particular physician to admit the patient. That enables the receiving physician to ascertain what general facts or special facts may be possible at the first meeting of the patient. The case is in time turned over to the supervisor, and, if friends accompany the patient, these friends are then and there interviewed, and a history of the case taken and all the information possible is gathered. In case no relative or other person who can give information accompanies the patient, the names of relatives are ascertained, and immediately they are notified that the patient has been received at the hospital and that it is important that any one who has a complete knowledge of that person's former history should come and give the hospital doctors a statement. In that way we urge upon one and sometimes more than one relative or friend to come and give us a statement regarding the patient's history. The doctor who is receiving the case is the one who interviews these persons, so that the one to whom this lot falls is responsible for the working up of the history of that case. That places the responsibility upon one person, and there is no possibility of shirking, and I would say that as these histories are all read before the full staff, a chance to correct or to criticize the records is sure in every case, so that the man who is making them has to be on the watch to do as good work as he possibly can.

I depend very little upon blanks sent out to the friends of patients. We get very little information from that source, and what we do get we have come to think is of very little value. Of course,

we have sometimes to depend wholly upon such information, but it is never utilized if a personal interview can possibly be had with the relatives or friends.

The physician who takes the case is not expected to write it down. When I went to Danvers the individual members of the staff did all the recording. It is since I first went to Danvers that typewriters have been introduced. I realize that it is a great waste of ability to have an educated physician sit down and spend his time in clerical work. It is, I think, an imposition on the part of the general hospitals to make their internes do that business when they could do much better work for the hospitals in a professional way if they were relieved of that routine clerical work. It seems absurd to me that after the time he has to put in at the Harvard Medical School, or some other college, a doctor should be required to spend his time in routine clerical work when there are thousands of typewriters who can do the work better than he can. We have tried stenographers, but now all our case work is dictated to machines. There is no question but that this is economy. There is this to be said, that unless a man has some practice, or watches himself carefully, he may use too many words. He is a little inclined to be verbose when talking to a machine, probably more so than to a stenographer, at first, certainly. I think, however, that it is the best practice that any physician can have, to dictate to a machine. He acquires a facility for phrasing his thoughts and for expressing himself correctly; more so than by dictating to a stenographer, because a stenographer often asks questions and also because he can go back and repeat, whereas with the machine it is one steady move straight ahead. I find that a typewriter can do probably two or three times as much work in a day by the use of these machines as by taking down from dictation. If a stenographer has to wait for a physician to talk, frequently he is called off; again, appointments for dictating are made which cannot be kept, because of some other work holding over; but when a statement is dictated to a cylinder, and that cylinder goes to the typewriter, there is nothing to do but to go right along typewriting it. Then, too, the physicians are very much more free as regards time with the dictaphone. They can talk to the machines when they wish to. Most of the dictation at Danvers is done after 8 o'clock at night. The doctors are so entirely independent of the stenographers that they can dictate when it is convenient for them and when the house is quiet. We are now about to have some special booths made, so that they can go into them and talk to the machines without disturbing others.

We have two machines that will record and we have three separate machines that repeat, and of course we have three or four operators who can all work at the same time. I think that \$250 will cover the cost of an entire outfit.

Dr. Ernest V. Scribner, superintendent of Worcester Asylum:— I have very little to add except to endorse what has already been said by the gentlemen who have been before me with reference to the securing of a great deal of the information under discussion, but owing to the character of the patients we have, and the fact that we do not receive any acute cases, the information which is obtained by the different institutions is simply passed on to us, and we try in every way to supplement the information which is given to us by them.

Our case records are kept in this manner: we have a folder, and this form contains the physical and mental examination of the patient. The opening sheet of our records contains the address of friends, telegraph address, telephone call; provisional diagnosis of the case, final result of the case, cause of death; sex, age, etc.

We have various forms where there are questions and answers, which I will not go into, which are very similar to those which have already been spoken of.

It is our practice to take each patient as he or she comes in and make a very close personal observation for marks and bruises, and any details of that sort, so that if, as sometimes happens during transportation, a patient becomes disturbed, and bruises are unavoidably received, we are in a position to know the exact facts in the case.

With reference to the printed questions for relatives. We do not have printed questions, but we closely examine all of the relatives of the patient who, we are told, can give us additional information, and this is combined with the information which has been gotten for us by the other institutions to which the patients have been previously committed.

We have one form in which the daily life of the patient is recorded by the nurse for a whole month.

I do not know that we have ever been asked to produce records in court.

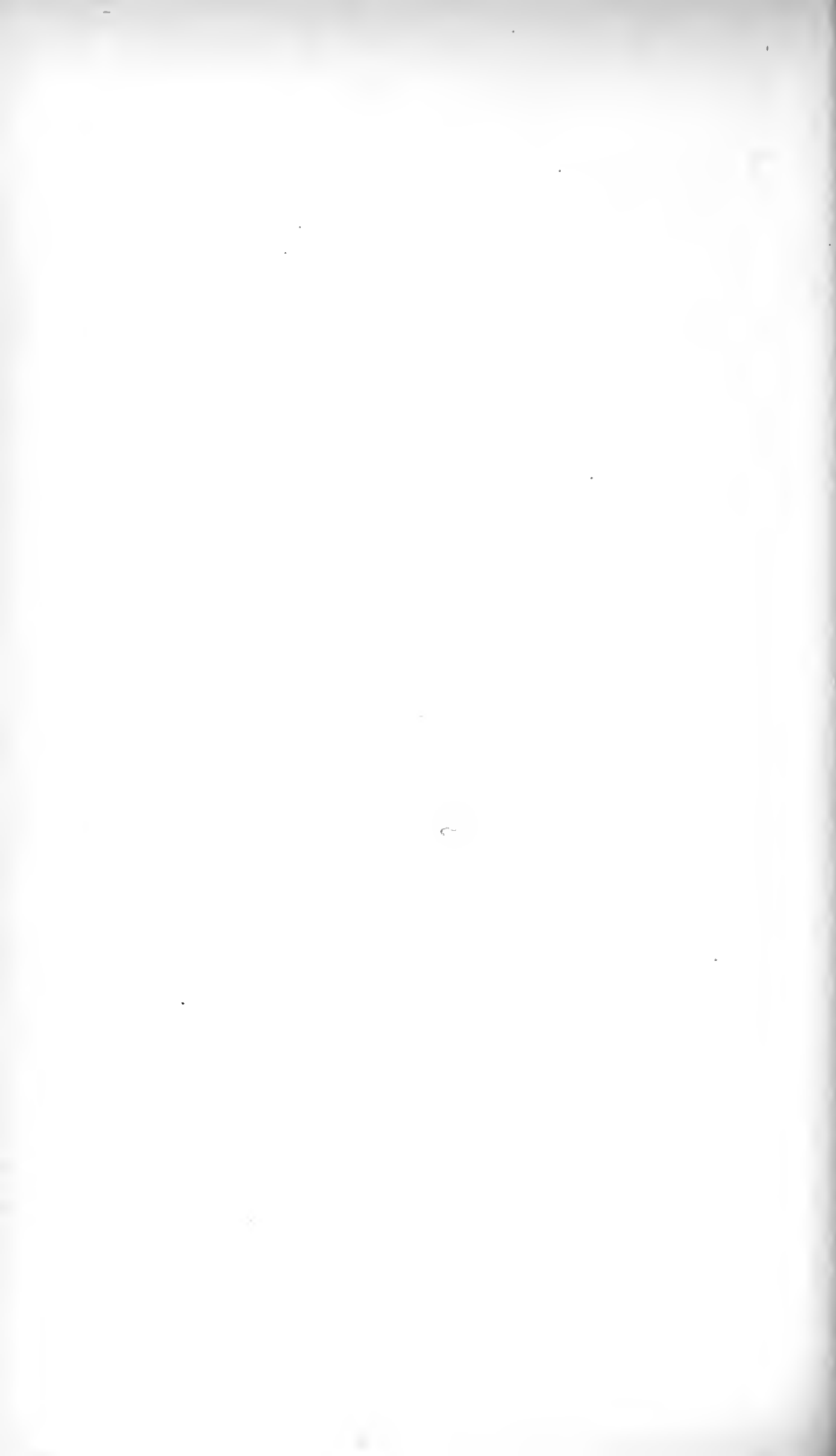
With reference to the correspondence of patients and informing relatives of patients' condition. Very little check is placed upon correspondence of patients, if any, and they are allowed to correspond freely with whom they choose, and to write all they please; the only supervision that we try to place over it is to see that the

public is used fairly and decently. Obscene or blasphemous communications to prominent men in the community are either suppressed, or, if there is a complaint in these letters, they are enclosed, with a note of explanation, to some relative or guardian; but all letters to the State Board of Insanity, to the Governor or to the judge of any court are sent without comment. It is not our practice to read any letter to the friends or relatives with reference to the complaints of patients unless it is some case which seems to be urgent; then, as a matter of protection to the friends, we enclose a letter of explanation with the patient's letter.

With reference to the incoming correspondence of patients. We simply try to eliminate matches, firearms and things of that sort from the mails, and maintain the safety of the institution and the safety of the individual. We do not care particularly what is said unless it might be in the case of a patient passing through some acute excitement, where letters from friends or relatives might be hurtful and disturbing. In such cases we think we should preserve the correspondence until the patient seems stronger.

With reference to injuries to patients. In case of any injury which seems to be a matter of special importance, the relative is immediately notified of its occurrence and how it happened, with what further explanation we think necessary. If an epileptic falls and sustains a black eye, when the relative comes we explain the circumstances to him.

The regulation of the United States Postal Department was made plain to me by a patient's complaint to the United States postal authorities in Washington that her mail had been opened. Now, that mail was opened by me, or under my authority, but not a single word which was in the correspondence was read. It was opened simply to obtain matches or money or anything which was detrimental to the best interests of the patient. The answer came back to this woman that if she would furnish them with proof that such a thing had occurred to her mail, action would be taken in the matter. This matter was called to the attention of the Board of Trustees. One of the trustees wrote to Washington, and after some correspondence we learned this, that while it was illegal for us to tamper in any way whatever with the patient's correspondence, we were not in any way obliged to deliver any correspondence to patients; so, while you could not open mail, you could suppress it and burn it up.



FINANCIAL STATISTICS.

STATISTICAL FORM FOR STATE INSTITUTIONS.

TABLE I.—*Statistical Form for State Institutions, — Prepared in Accordance with a Resolution of the National Conference of Charities and Corrections, adopted May 15, 1906.*

INSTITUTIONS.	SUPERINTENDENTS.	POPULATION.												Average Number of Officers and Employees during the Year.		
		Number of inmates present at Beginning of Year.			Number received during the Year.			Number discharged or died during the Year.			Number at End of the Year.			Daily Average Attendance during the Year.		
		M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.
Worcester State Hospital,	Hosca M. Quinby, M.D.,	606	610	1,216	291	299	590	239	282	521	658	627	1,285	628	604	1,232
Taunton State Hospital,	Arthur V. Goss, M.D.,	494	408	902	284	270	554	242	219	461	536	459	995	542	425	967
Northampton State Hospital,	John A. Houston, M.D.,	431	398	829	152	167	319	129	131	260	454	434	888	436	412	848
Danvers State Hospital,	Charles W. Page, M.D.,	596	790	1,386	367	348	715	377	300	677	586	838	1,424	618	820	1,438
Westborough State Hospital,	George S. Adams, M.D.,	340	571	911	281	419	700	245	375	620	376	615	991	361	596	957
Boston State Hospital, ¹	Owen Copp, M.D.,	328	486	814	183	266	449	179	294	473	332	458	790	318	452	770
Worcester State Asylum,	Ernest V. Scribner, M.D.,	488	547	1,035	101	74	175	45	37	82	544	584	1,128	493	570	1,063
Medfield State Asylum,	Edward French, M.D.,	619	950	1,569	50	61	111	34	69	103	635	942	1,577	636	960	1,596
Gardner State Colony,	Chas. E. Thompson, M.D.,	365	177	542	69	30	99	46	13	59	388	194	582	365	187	552
Monson State Hospital,	Everett Flood, M.D.,	380	306	686	137	99	236	149	78	227	368	327	695	379	324	703
Foxborough State Hospital,	Irwin H. Neff, M.D.,	299	-	299	603	-	603	601	-	601	301	-	301	318	-	318
School for the Feeble-minded at Waltham.	Walter E. Fernald, M.D.,	744	539	1,283	171	104	275	101	56	157	814	587	1,401	779	566	1,345
Wrentham State School,	George L. Wallace, M.D.,	49	-	49	10	-	10	17	-	17	42	-	42	47	-	47
Totals,	. . . . .	5,739	5,782	11,521	2,699	2,137	4,836	2,404	1,854	4,258	6,034	6,065	12,099	5,920	5,916	11,836
																1,374 1,284 2,658

¹ Became State institution Dec. 1, 1908.

STATISTICAL FORM FOR STATE INSTITUTIONS.

TABLE I. — *Statistical Form for State Institutions, etc. — Concluded.*

INSTITUTIONS.	EXPENDED.						New Buildings, Permanent Improvements, Land, etc.	Grand Totals.
	CURRENT EXPENSES.							
	Salaries and Wages.	Clothing.	Subsistence.	Ordinary Repairs.	Office, Domestic and Outdoor Expenses.	Total.		
Worcester State Hospital,	\$107,855 05	\$12,659 05	\$84,066 20	\$20,297 06	\$71,807 45	\$296,744 81	\$57,080 54	\$353,825 35
Taunton State Hospital,	98,311 63	5,849 79	59,999 92	8,423 04	64,009 62	236,594 00	4,336 71	240,930 71
Northampton State Hospital,	62,020 42	4,948 32	52,055 15	7,210 90	47,118 01	173,352 80	2,168 22	175,521 02
Danvers State Hospital,	110,782 56	14,071 85	67,273 68	30,069 28	71,635 15	293,892 52	9,696 84	303,589 36
Westborough State Hospital,	110,855 95	6,476 93	56,844 12	13,768 77	61,571 50	249,517 27	42,164 06	291,681 33
Boston State Hospital,	75,492 18	6,628 94	41,070 44	9,414 88	59,374 31	191,980 75	81,025 92	273,006 67
Worcester State Asylum,	100,326 73	12,045 88	63,141 04	11,160 89	67,919 91	254,594 45	70,402 91	324,997 36
Medfield State Asylum,	130,739 70	16,270 36	81,078 41	11,100 59	68,809 10	307,998 16	11,950 54	319,948 70
Gardner State Colony,	39,605 85	5,698 47	18,516 27	8,283 87	32,895 54	105,000 00	27,171 95	132,171 95
Monson State Hospital,	68,644 78	3,854 29	41,493 07	9,258 03	37,949 83	161,200 00	34,566 56	195,766 56
Foxborough State Hospital,	31,550 11	3,179 76	20,199 26	9,070 39	29,582 87	93,582 39	1,621 82	95,204 21
School for the Feeble-minded at Waltham,	94,983 46	13,391 85	66,309 94	15,406 29	67,034 79	257,076 33	24,186 77	281,263 10
Wrentham State School,	7,646 72	1,206 42	2,606 84	552 51	9,608 85	21,621 34	115,471 02	137,092 36
Totals,	\$1,083,765 14	\$106,281 91	\$654,651 34	\$154,016 50	\$689,436 93	\$2,643,154 82	\$481,843 86	\$3,124,998 68

FINANCIAL SUMMARY.

TABLE II. — *Financial Summary for the Year ending Nov. 30, 1909.*

INSTITUTIONS.	RESOURCES, Nov. 30, 1908.				
	Inventory.	Unexpended Balance of Special Appropriations.	Accounts receivable.	Private Funds.	Totals.
The insane: —					
State hospitals: —					
Worcester,	\$1,757,725 02	\$53,135 44	\$5,842 95	\$8,451 96	\$1,861,215 37
Taunton,	816,830 31	2,662 51	8,325 43	—	827,818 25
Northampton,	854,541 28	3,570 83	12,529 52	629 11	871,270 74
Danvers,	1,900,334 41	9,696 84	9,000 85	—	1,919,032 10
Westborough,	928,278 24	13,062 68	2,726 96	—	944,067 88
Boston,	1,000,000 00	—	—	—	1,000,000 00
Totals,	\$7,237,709 26	\$88,188 30	\$38,425 71	\$9,081 07	\$7,423,404 34
State asylums: —					
Worcester,	\$987,461 96	\$49,911 55	\$852 21	—	\$1,038,225 72
Medford,	1,769,364 00	7,702 40	—	—	1,777,066 40
Gardner Colony,	522,093 01	12,618 61	—	—	534,711 62
Totals,	\$3,278,918 97	\$70,232 56	\$852 21	—	\$3,350,003 74
Totals, hospitals and asylums,	10,566,628 23	158,420 86	39,277 92	\$9,081 07	10,773,408 08
Miscellaneous: —					
Monson Hospital,	\$688,544 11	\$10,067 83	\$13,308 64	\$385 54	\$712,296 12
Foxborough Hospital,	403,324 46	9,767 43	3,388 18	—	416,470 07
School for the Feeble-minded at Waltham,	932,881 08	17,943 39	20,343 04	—	971,167 51
Wrentham School,	102,300 93	158,070 72	361 04	—	260,732 69
Totals,	\$2,127,050 58	\$195,829 37	\$37,400 90	\$385 54	\$2,360,666 39
Totals, hospitals, asylums and miscellaneous,	12,693,678 81	354,250 23	76,678 82	9,466 61	13,134,074 47

FINANCIAL SUMMARY.

TABLE II. — *Financial Summary for the Year ending Nov. 30, 1909* — Continued.

INSTITUTIONS.	NET INCREASE IN RESOURCES DURING YEAR.				APPROPRIATIONS.		Receipts from All Sources, except State Treasurer.	Totals.
	NET ADDITION TO QUANTITY —			Net Appreciation in Value.	Maintenance.	Special.		
	Of Commodities currently consumed.	Of Other Property.	Totals.					
The Insane: —								
State hospitals: —								
Worcester,	\$16,654 17	\$59,811 43	\$76,465 60	\$248,912 97	\$238,612 00	—	\$65,994 95	\$2,551,200 89
Taunton,	7,919 80	—	7,919 80	—	236,600 00	\$6,800 00	36,201 08	1,115,339 13
Northampton,	6,708 62	—	6,708 62	—	175,000 00	—	46,868 02	1,069,847 38
Danvers,	10,787 44	10,546 84	21,334 28	—	294,000 00	—	66,962 52	2,301,328 90
Westborough,	949 68	55,826 21	56,774 89	362 37	252,000 00	64,600 00	70,673 81	1,388,478 95
Boston,	—	224,437 14	224,437 14	—	192,000 00	600,000 00	22,812 95	2,039,250 09
Totals,	\$43,019 71	\$350,620 62	\$393,640 33	\$249,275 34	\$1,448,212 00	\$671,400 00	\$309,513 33	\$10,495,445 34
State asylums: —								
Worcester,	\$16,108 38	\$62,507 59	\$78,615 97	\$1,367 48	\$258,000 00	\$76,000 00	\$6,037 99	\$1,458,247 16
Medfield,	—	23,315 16	23,315 16	12,069 93	310,000 00	14,000 00	10,386 25	2,146,837 74
Gardner Colony,	13,970 87	30,679 84	44,650 71	200 00	105,000 00	27,350 00	2,085 89	713,998 22
Totals,	\$30,079 25	\$116,502 59	\$146,581 84	\$13,637 41	\$873,000 00	\$117,350 00	\$18,510 13	\$4,319,083 12
Totals, hospitals and asylums,	73,098 96	467,123 21	540,222 17	262,912 75	2,121,212 00	788,750 00	328,023 46	14,814,528 46
Miscellaneous: —								
Monson Hospital,	—	\$42,430 41	\$42,430 41	\$3,095 68	\$161,200 00	\$123,000 00	\$27,541 07	\$1,069,563 28
Foxborough Hospital,	—	2,978 15	2,978 15	877 25	97,700 00	5,000 00	13,349 70	536,375 17
School for the Feeble-minded at Waltham,	\$6,170 28	34,441 17	40,611 45	26 27	265,820 89	11,500 00	45,617 86	1,334,743 98
Wrentham School,	5,656 77	49,496 49	55,153 26	69,572 20	23,000 00	26,200 00	425 65	435,083 80
Totals,	\$11,827 05	\$129,346 22	\$141,173 27	\$73,571 40	\$547,720 89	\$165,700 00	\$86,934 28	\$3,375,766 23
Totals, hospitals, asylums and miscellaneous,	84,926 01	596,469 43	681,395 44	336,484 15	2,668,932 89	954,450 00	414,957 74	18,190,294 69

1 From this \$2,179.16 was advanced for new water supply.

FINANCIAL SUMMARY.

TABLE II. — *Financial Summary for the Year ending Nov. 30, 1909* — Continued.

RESOURCES, NOV. 30, 1909.							
INSTITUTIONS.		Inventory.	Unexpended Balance of Special Appropriation.	Unexpended Balance of Maintenance Appropriation reverting to State Treasury.	Accounts receivable.	Private Funds.	Totals.
The insane:—							
State hospitals:—							
Worcester, . . . . .	. . . . .	\$2,107,902 51	\$2,114 90	\$1,867 19	\$11,045 04	\$8,450 95	\$2,131,380 59
Taunton, . . . . .	. . . . .	819,789 96	5,125 79	6 00	9,993 68	—	834,915 43
Northampton, . . . . .	. . . . .	858,570 18	1,402 61	1,647 20	12,367 96	652 92	874,640 87
Danvers, . . . . .	. . . . .	1,905,797 40	—	107 48	8,212 87	—	1,914,117 75
Westborough, . . . . .	. . . . .	985,342 46	35,498 62	2,482 73	2,800 00	—	1,026,123 81
Boston, . . . . .	. . . . .	1,217,927 50	518,374 08	19 25	6,509 64	—	1,743,430 47
Totals, . . . . .	. . . . .	\$7,895,330 01	\$563,116 00	\$6,129 85	\$50,929 19	\$9,103 87	\$8,524,008 92
State asylums:—							
Worcester, . . . . .	. . . . .	\$1,067,514 20	\$55,497 72	\$3,405 55	\$783 42	—	\$1,127,200 89
Medfield, . . . . .	. . . . .	1,802,551 26	9,751 86	2,001 84	—	—	1,814,304 96
Gardner Colony, . . . . .	. . . . .	566,943 72	12,749 29	—	—	—	579,693 01
Totals, . . . . .	. . . . .	\$3,437,009 18	\$77,998 87	\$5,407 39	\$783 42	—	\$3,521,198 86
Totals, hospitals and asylums, . . . . .	. . . . .	11,332,339 19	641,114 87	11,537 24	51,712 61	\$9,103 87	12,045,807 78
Miscellaneous:—							
Monson Hospital, . . . . .	. . . . .	\$746,589 39	\$98,491 27	—	\$724 69	\$450 30	\$846,255 65
Foxborough Hospital, . . . . .	. . . . .	405,035 72	13,135 61	\$4,117 61	5,088 34	—	427,377 28
School for the Feeble-minded at Waltham, . . . . .	. . . . .	979,409 21	4,939 36	8,744 56	14,452 63	—	1,007,545 76
Wrentham School, . . . . .	. . . . .	227,387 43	68,799 70	1,378 66	—	—	297,565 79
Totals, . . . . .	. . . . .	\$2,358,421 75	\$185,365 94	\$14,240 83	\$20,265 66	\$450 30	\$2,578,744 48
Totals, hospitals, asylums and miscellaneous, . . . . .	. . . . .	13,690,760 94	826,480 81	25,778 07	71,978 27	9,554 17	14,624,552 26

FINANCIAL SUMMARY.

TABLE II. — *Financial Summary for the Year ending Nov. 30, 1909* — Concluded.

INSTITUTIONS.	DECREASE IN RESOURCES DURING YEAR.		EXPENDITURES.		Unexpended Balances of Special Appropriations reverting to State Treasury.	Money remitted to State Treasury from Receipts.	Totals.
	Decrease in Quantity of Commodities currently consumed.	Net Depreciation in Value.	Maintenance.	Special.			
The Insane: —							
State hospitals: —							
Worcester,	—	—	\$296,744 81	\$57,080 54	—	\$63,994 95	\$2,551,200 89
Taunton,	—	\$3,291 90	236,594 00	4,336 71	\$0 01	36,201 08	1,115,339 13
Northampton,	—	2,817 47	173,352 80	2,168 22	—	46,868 02	1,069,847 38
Danvers,	—	16,659 27	293,892 52	9,696 54	—	68,962 52	2,301,298 90
Westborough,	—	—	248,517 27	42,164 06	—	70,673 81 ¹	1,388,478 05
Boston,	—	—	191,980 75	81,025 32	—	22,812 95	2,039,250 09
Totals,	—	\$22,768 64	\$1,442,082 15	\$196,472 29	\$0 01	\$300,513 33 ¹	\$10,495,415 31
State asylums: —							
Worcester,	—	—	\$254,534 45	\$70,402 91	\$10 92	6,037 99	\$1,458,247 16
Medfield,	\$2,197 83	—	307,998 16	11,950 54	—	10,386 25	2,146,837 74
Gardner Colony,	—	—	105,000 00	27,171 95	47 37	2,085 89	713,998 22
Totals,	\$2,197 83	—	\$667,532 61	\$109,525 40	\$58 29	\$18,510 13	\$4,319,083 12
Totals, hospitals and asylums,	2,197 83	\$22,768 64	2,109,674 76	300,997 69	58 80	328,023 46 ¹	14,814,528 46
Miscellaneous: —							
Monson Hospital,	—	—	\$161,200 00	\$34,566 56	—	\$27,541 07	\$1,069,563 28
Foxborough Hospital,	443 98	—	93,582 39	1,621 82	—	13,349 70	536,375 17
School for the Feeble-minded at Waltham,	—	—	257,076 33	24,186 77	\$317 26	45,617 86	1,334,743 98
Wrentham School,	—	—	21,621 34	115,471 02	—	425 65	435,063 80
Totals,	\$443 98	—	\$533,480 06	\$175,846 17	\$317 26	\$86,934 28	\$3,375,766 23
Totals, hospitals, asylums and miscellaneous,	2,641 81	\$22,768 64	2,643,154 82	481,843 86	375 56	414,957 74 ¹	18,190,204 69

¹ From this \$2,179.16 was advanced for new water supply.

INVENTORY.

TABLE III. — *Inventory, Nov. 30, 1909.*

	REAL ESTATE.									
	LAND.									
	WOODLAND.			MOWING.			TILLAGE.			
	Acres.	Value.	Acres.	Value.	Acres.	Value.	Acres.	Value.	Acres.	Value.
The insane:—										
State hospitals:—										
Worcester,	136.50	\$247,440 00	10.00	\$1,000 00	175.00 ¹	\$157,500 00 ¹	—	—	—	—
Taunton,	20.00	5,000 00	50.00	10,000 00	145.00	21,750 00	55.00	\$8,250 00	—	\$8,250 00
Northampton,	23.00	6,900 00	93.00	11,625 00	110.00	13,750 00	100.00	12,500 00	—	12,500 00
Danvers,	26.00	30,200 00	40.00	1,600 00	176.00	26,400 00	75.00	11,250 00	—	11,250 00
Westborough,	68.00	13,600 00	152.00	8,050 00	36.00	540 00	247.00	23,450 00	—	23,450 00
Boston,	12.00	109,519 00	5.00	2,200 00	115.00	211,700 00	50.00	89,000 00	—	89,000 00
Totals,	285.50	\$412,659 00	350.00	\$34,475 00	757.00	\$431,640 00	527.00	\$144,450 00	—	\$144,450 00
State asylums:—										
Worcester,	11.13	\$193,800 00	358.00	\$8,950 00	171.04	\$6,841 60	135.00	\$5,400 00	—	\$5,400 00
Medfield,	75.00	40,000 00	232.70	2,876 39	60.00	1,458 00	57.00	1,385 00	—	1,385 00
Gardner Colony,	27.00	332 58	707.51	16,272 73	55.50	957 35	103.50	1,785 34	—	1,785 34
Totals,	113.13	\$234,732 58	1,298.21	\$28,039 12	286.54	\$9,256 95	295.50	\$8,570 34	—	\$8,570 34
Totals, hospitals and asylums,	398.63	647,391 58	1,648.21	62,574 12	1,043.54	440,896 95	822.50	153,020 34	—	153,020 34
Miscellaneous:—										
Monson Hospital,	50.00	\$4,875 00	338.00	\$6,988 00	90.00	\$8,655 00	66.00	\$6,600 00	—	\$6,600 00
Foxborough Hospital,	20.00	6,000 00	20.50	4,100 00	7.73	1,600 00	34.52	7,000 00	—	7,000 00
School for the Feeble-minded at Waltham,	54.00	16,953 00	1,366.00	27,503 00	306.00	25,806 00	—	—	—	—
Wrentham School,	15.00	3,000 00	230.00	13,800 00	35.00	3,500 00	15.00	1,500 00	—	1,500 00
Totals,	139.00	\$30,828 00	1,954.50	\$52,391 00	438.73	\$39,561 00	115.52	\$13,100 00	—	\$13,100 00
Totals, hospitals, asylums and miscellaneous,	537.63	678,219 58	3,602.71	114,965 12	1,482.27	480,457 95	938.02	168,120 34	—	168,120 34
Mental wards, State Infirmary,	—	—	—	—	—	—	—	—	—	—
Bridgewater Hospital,	—	—	—	—	—	—	—	—	—	—
Totals,	—	—	—	—	—	—	—	—	—	—
Aggregates,	537.63	\$678,219 58	3,602.71	\$114,965 12	1,482.27	\$480,457 95	938.02	\$168,120 34	—	\$168,120 34

¹ Includes 10 acres quarry, costing \$450.

INVENTORY.

TABLE III. — *Inventory, Nov. 30, 1909* — Continued.

INSTITUTIONS.	REAL ESTATE — CON.					Aggregates.
	BETTERMENTS.					
	Water System and Appurtenances.	Drainage System and Appurtenances.	Heating, Lighting System and Appurtenances.	Miscellaneous.	Totals.	
The insane:—						
State hospitals:—						
Worcester,	—	—	\$30,000 00	\$10,000 00	\$40,000 00	\$1,881,705 10
Taunton,	—	—	—	—	—	662,475 00
Northampton,	—	—	—	—	—	744,208 00
Danvers,	\$15,000 00	\$25,000 00	9,000 00	8,000 00	15,000 00	1,663,150 00
Westborough,	39,000 00	—	50,625 00	—	81,000 00	817,700 00
Boston,	—	—	—	—	50,625 00	1,138,629 00
Totals,	\$54,000 00	\$25,000 00	\$89,625 00	\$18,000 00	\$186,625 00	\$6,907,867 10
State asylums:—						
Worcester,	\$4,900 00	\$18,885 00	—	—	\$23,785 00	\$920,39 18
Medfield,	2,673 00	—	\$133,168 30	—	164,207 97	1,629,448 31
Gardner Colony,	27,388 24	20,380 82	28,422 87	—	76,191 93	477,764 42
Totals,	\$34,961 24	\$39,265 82	\$161,591 17	\$28,366 67	\$264,184 90	\$2,927,612 11
Totals, hospitals and asylums,	\$88,961 24	\$64,265 82	\$251,216 17	\$46,366 67	\$450,809 90	\$9,835 479 21
Miscellaneous:—						
Monson Hospital,	—	—	—	—	—	—
Foxborough Hospital,	\$25,500 00	\$16,343 62	\$19,100 00	\$9,500 00	\$70,443 62	\$578,897 51
School for the Feeble-minded at Waltham,	9,336 00	7,241 00	7,140 00	4,900 00	28,617 00	345,602 00
Wrentham School,	16,294 47	900 00	39,313 47	—	39,313 47	817,892 54
Totals,	\$51,130 47	\$24,484 62	\$67,553 47	\$14,400 00	\$170,652 84	\$1,958,143 14
Totals, hospitals, asylums and miscellaneous,	\$140,091 71	\$88,750 44	\$331,263 92	\$60,766 67	\$620,862 74	\$11,788,622 35
Mental wards, State Infirmary,	—	—	—	—	—	—
Bridgewater Hospital,	—	—	—	—	—	—
Totals,	—	—	—	—	—	—
Aggregates,	\$140,091 71	\$88,750 44	\$331,263 92	\$60,766 67	\$620,862 74	\$644,538 04
						12,433,160 39

TABLE III. — *Inventory, Nov. 30, 1909* — Continued.

INSTITUTIONS.		INVENTORY.					
		PERSONAL PROPERTY.			FURNISHINGS.		
		PROVISIONS AND GROCERIES.		CLOTHING AND CLOTHING MATERIAL.		FURNISHINGS.	
		Amount.	Increase.	Amount.	Increase.	Amount.	Increase.
The insane: —							
State hospitals: —							
Worcester,		\$14,736 25	\$2,271 00	\$3,962 76	\$1,217 68	\$97,884 35	\$3,642 36
Taunton,		3,666 34	1,251 67	3,049 75	1,104 51 ¹	70,058 37	1,206 81 ¹
Northampton,		10,686 74	3,714 22	3,300 97	76 89 ¹	37,578 56	2,649 80 ¹
Danvers,		6,727 33	2,742 79	4,311 15	1,620 22	83,324 17	388 63 ¹
Westborough,		8,342 61	2,364 53 ¹	2,229 40	41 23	60,292 50	2,752 53
Boston,		3,511 20	3,511 20	7,616 33	7,616 33	41,969 91	41,969 91
Totals,		\$47,670 47	\$13,126 35	\$24,470 36	\$9,314 06	\$391,047 86	\$44,059 56
State asylums: —							
Worcester,		\$8,706 18	\$7,285 26	\$5,464 85	\$1,569 74	\$50,919 59	\$1,444 00
Medfield,		3,476 74	2,603 68 ¹	9,450 39	1,720 26 ¹	90,000 00	482 84 ¹
Gardner Colony,		2,217 23	2,314 33 ¹	10,573 18	5,184 73	32,035 49	3,103 98
Totals,		\$14,400 15	\$2,367 20	\$25,438 42	\$5,034 21	\$173,955 08	\$4,065 14
Totals, hospitals and asylums,		62,070 62	15,493 55	49,908 78	14,348 27	564,002 94	48,124 70
Miscellaneous: —							
Monson Hospital,		\$3,894 17	\$2,120 75	\$4,705 48	\$882 46	\$66,732 94	\$621 20
Foxborough Hospital,		1,768 13	500 23 ¹	2,252 56	1,509 64	27,035 17	3,749 37
School for the Feeble-minded at Waltham,		2,022 84	527 10	3,459 90	454 85	77,811 39	6,400 28
Wrentham School,		298 60	178 60	405 05	280 05	4,573 38	1,131 38
Totals,		\$7,983 74	\$2,326 22	\$10,822 99	\$3,177 00	\$176,152 88	\$11,902 23
Totals, hospitals, asylums and miscellaneous,		70,054 36	17,819 77	60,781 77	17,525 27	740,155 82	60,026 93
Mental wards, State Infirmary,		\$2,226 15	\$828 01	\$4,386 05	\$882 68	\$50,073 69	\$6,070 22
Bridgewater Hospital,		3,120 00	448 65	12,858 51	1,614 12	28,104 00	4,118 51
Totals,		\$5,346 15	\$1,276 66	\$17,244 56	\$2,196 80	\$78,177 69	\$10,188 83
Aggregates,		75,400 51	19,096 43	78,026 33	19,722 07	818,333 51	70,215 76

¹ Decrease.

INVENTORY.

TABLE III. — *Inventory, Nov. 30, 1909* — Continued.

INSTITUTIONS.	PERSONAL PROPERTY — Con.					
	HEAT, LIGHT AND POWER.					
	FUEL.			MISCELLANEOUS.		
	Amount.	Increase.		Amount.	Amount.	TOTALS.
The insane: —						
State hospitals: —						
Worcester,	\$4,731 24	\$1,750 63 ¹		\$14 80	\$4,746 04	\$1,750 63 ¹
Taunton,	5,820 00	4,605 00		—	5,820 00	4,605 00
Northampton,	3,289 93	2,78 47 ¹		—	3,289 93	2,78 47 ¹
Danvers,	12,561 40	3,812 65		—	12,561 40	3,812 65
Westborough,	1,173 80	2,896 70 ¹		—	1,173 80	2,896 70 ¹
Boston,	722 00	722 00		—	722 00	722 00
Totals,	\$28,304 37	\$4,213 85		\$14 80	\$28,319 17	\$4,213 85
State asylums: —						
Worcester,	\$6,217 70	\$2,500 85		—	\$6,217 70	\$2,500 85
Medfield,	16,407 50	1,050 50		—	16,407 50	1,050 50
Gardner Colony,	4,943 58	897 96		\$35 18	4,978 76	2,101 88 ¹
Totals,	\$27,568 78	\$4,449 31		\$35 18	\$27,603 96	\$1,449 47
Totals, hospitals and asylums,	55,873 15	8,663 16		49 98	55,923 13	5,963 32
Miscellaneous: —						
Monson Hospital,	\$2,040 16	\$4,997 76 ¹		\$1,123 00	\$3,163 16	\$4,561 96 ¹
Foxborough Hospital,	2,876 80	5,868 91 ¹		765 44	3,642 24	6,336 77 ¹
School for the Feeble-minded at Waltham,	9,082 50	213 00 ¹		773 00	9,855 50	221 00 ¹
Wrentham School,	3,531 00	3,301 00		350 00	3,881 00	3,351 00
Totals,	\$17,530 46	\$7,778 67 ¹		\$3,011 44	\$20,541 90	\$7,768 73 ¹
Totals, hospitals, asylums and miscellaneous,	73,403 61	884 49		3,061 42	76,465 03	2,103 41 ¹
Mental wards, State Infirmary,	\$2,768 50	\$2,321 29 ¹		—	\$2,768 50	\$2,321 29 ¹
Bridgewater Hospital,	4,632 54	1,011 55 ¹		—	4,632 54	1,011 55 ¹
Totals,	\$7,401 04	\$3,332 84 ¹		—	\$7,401 04	\$3,332 84 ¹
Aggregates,	80,804 65	2,448 35 ¹		\$3,061 42	83,866 07	3,438 25 ¹

¹ Decrease.

INVENTORY.

TABLE III. — *Inventory, Nov. 30, 1909* — Continued.

INSTITUTIONS.	PERSONAL PROPERTY — Con.									
	REPAIRS AND IMPROVEMENTS.				FARM, STABLE AND GROUNDS.					
	MACHINERY AND MECHANICAL FIXTURES.		MISCELLANEOUS.		TOTALS.		LIVE STOCK.		PRODUCE.	
	Amount.	Increase.	Amount.	Increase.	Amount.	Increase.	Amount.	Increase.	Amount.	Increase.
The insane: —										
State hospitals: —										
Worcester,	\$48,215 09	\$117 00	\$1,524 00	\$49,789 09	\$201 351	\$22,450 00	\$5,165 47	\$4,281 67 ¹		
Taunton,	47,585 00	—	—	47,585 00	—	10,652 50	1,297 00	894 13 ¹		
Northampton,	21,750 00	—	—	21,750 00	—	14,775 00	801 50	15,689 31		
Danvers,	82,107 81	1,718 17 ¹	—	82,107 81	1,718 17 ¹	18,164 00	1,951 65	10,827 50		
Westborough,	51,883 49	6,425 21	2,512 50	54,305 99	6,425 21	17,178 90	574 90	11,003 71		
Boston,	—	—	3,402 76	3,402 76	3,402 76	6,420 00	6,420 00	6,635 05		
Totals,	\$251,541 39	\$4,824 04	\$7,439 26	\$258,980 65	\$7,908 45	\$89,640 40	\$53,044 29	\$5,350 63		
State asylums: —										
Worcester,	\$46,051 82	\$1,013 98	—	46,051 82	\$1,013 98	\$14,330 00	\$853 00	\$3,600 89		
Medford,	112,000 00	23,240 10	\$292 71	112,292 71	23,919 36	25,605 88	1,852 88	7,703 50		
Gardner Colony,	3,890 72	2,212 51	3,517 51	7,408 23	1,201 35	8,834 25	1,051 00	10,438 73		
Totals,	\$161,942 54	\$26,466 59	\$3,810 22	\$165,752 76	\$25,134 59	\$48,770 13	\$3,756 88	\$21,743 12		
Totals, hospitals and asylums,	413,483 93	31,290 63	11,249 48	424,733 41	33,043 04	138,410 53	13,789 93	74,787 41		
Miscellaneous: —										
Monson Hospital,	\$48,021 34	\$470 37	\$2,461 25	\$50,482 59	\$1,488 17	\$11,896 50	\$849 30	\$9,526 28		
Foxborough Hospital,	6,510 85	72 15	4,972 68	11,483 43	374 63	4,543 25	877 25	1,736 18		
School for the Feeble-minded at Walham,	26,686 25	898 90	389 70	27,065 95	788 90	10,927 50	331 25	13,640 90		
Wrentham School,	900 00	25 00 ¹	30 00	930 00	25 00 ¹	2,603 00	643 00	1,946 25		
Totals,	\$82,118 44	\$1,376 42	\$7,863 53	\$89,981 97	\$2,626 60	\$23,970 25	\$2,700 80	\$26,849 61		
Totals, hospitals, asylums and miscellaneous,	495,602 37	32,667 05	19,113 01	514,715 38	35,669 64	168,380 78	16,490 73	101,637 02		
Mental wards, State Infirmary,	\$45,946 63	\$3,073 18	—	45,946 63	\$3,073 18	\$5,165 74	\$261 09	\$2,981 93		
Bringewater Hospital,	36,089 37	6,845 37	—	36,089 37	6,845 37	8,497 15	2,492 73	9,757 10		
Totals,	\$82,036 00	\$9,918 55	—	82,036 00	\$9,918 55	\$13,663 49	\$2,753 82	\$1,498 91		
Aggregates,	577,638 37	42,585 60	\$19,113 01	596,751 38	45,688 19	182,044 27	19,244 55	114,376 03		
Totals,	\$1,498 91	\$2,753 82	\$1,498 91	\$2,753 82	\$1,498 91	\$2,753 82	\$1,498 91	\$2,753 82		

¹ Decrease.

INVENTORY.

TABLE III.—*Inventory, Nov. 30, 1909—Continued.*

	PERSONAL PROPERTY—Con.				
	FARM, STABLE AND GROUNDS—Con.				
	CARRIAGES AND AGRICULTURAL IMPLEMENTS.		MISCELLANEOUS.		TOTALS.
	Amount.	Increase.	Amount.	Increase.	
The insane:—					
State hospitals:—					
Worcester,	\$7,870 00		\$4,860 52		\$40,345 99
Taunton,	6,150 00	\$2,025 75 ¹	915 00		21,440 75
Norhampton,	5,256 00	859 00 ¹			35,730 31
Danvers,	6,515 46	441 10 ¹	4,211 27		33,718 23
Westborough,	6,135 85	331 10	2,106 73		36,425 19
Boston,	5,542 69	5,542 69	974 00		19,571 74
Totals,	\$37,470 00	\$2,607 94	\$13,067 52		\$133,222 21
State asylums:—					
Worcester,	\$5,052 49	\$720 36 ¹	—		\$22,983 38
Medfield,	4,710 00	86 00	—		38,019 38
Gardner Colony,	6,331 96	2,704 21	\$1,431 68		27,036 62
Totals,	\$16,094 45	\$2,069 85	\$1,431 68		\$88,039 38
Totals, hospitals and asylums,	\$53,564 45	4,677 79	14,499 20		281,261 39
Miscellaneous:—					
Monson Hospital,	\$7,365 70	\$2,858 85	\$2,554 65		\$31,343 13
Foxborough Hospital,	2,554 43	574 43	1,814 89		10,648 75
School for the Feeble-minded at Waltham,	10,496 65	1,044 85	379 88		35,444 93
Wrentham School,	1,673 05	648 05	105 87		6,328 17
Totals,	\$22,089 83	\$6,026 18	\$4,855 29		\$83,764 98
Totals, hospitals, asylums and miscellaneous,	\$75,654 28	10,703 97	19,354 49		365,026 57
Mental wards, State Infirmary,	\$3,724 45	\$170 52	—		\$11,872 12
Bridgewater Hospital,	3,926 65	307 74	—		24,181 50
Totals,	\$9,651 10	\$478 26	—		\$36,053 62
Aggregates,	\$85,305 38	11,182 23	\$19,354 49		\$401,080 19

¹ Decrease.

INVENTORY.

TABLE III. — *Inventory, Nov. 30, 1909* — Continued.

INSTITUTIONS.	PERSONAL PROPERTY — Con.					
	MISCELLANEOUS.	TOTAL VALUATION OF PERSONAL PROPERTY.		TOTAL VALUATION OF REAL PROPERTY.		
	Amount.	Amount.	Increase.	Amount.	Increase.	
The insane: —						
State hospitals: —						
Worcester,	\$14,782 93	\$226,197 41	\$1,502 05	\$1,881,705 10	\$318,675 44	
Taunton,	5,694 75	157,314 96	2,959 65	662,475 00	—	
Northampton,	2,035 67	114,362 18	3,028 90	744,208 00	1,000 00	
Danvers,	13,897 31	242,647 40	11,016 15	1,663,150 00	5,553 16 ¹	
Westborough,	4,776 97	167,642 46	6,489 22	817,700 00	50,575 00	
Boston,	2,564 56	79,298 50	79,298 50	1,138,629 00	1,138,629 00	
Totals,	\$43,752 10	\$87,462 91	\$104,294 47	\$6,907,807 10	\$1,503,326 28	
State asylums: —						
Worcester,	\$3,771 50	\$147,115 02	\$15,486 81	\$920,399 18	\$62,108 93	
Medfield,	3,456 03	273,102 75	21,117 33	1,529,448 51	12,069 93	
Gardner Colony,	4,929 79	89,179 30	15,398 07	477,764 42	29,452 64	
Totals,	\$15,157 32	\$509,397 07	\$52,012 21	\$2,927,612 11	\$103,631 50	
Totals, hospitals and asylums,	58,909 51	1,496,859 98	156,306 68	9,835,479 21	1,606,957 78	
Miscellaneous: —						
Monson Hospital,	\$7,370 41	\$167,691 88	\$9,586 95	\$578,897 51	\$48,508 33	
Foxborough Hospital,	2,603 44	59,463 72	1,194 74 ¹	345,002 00	2,906 00	
School for the Feeble-minded at Waltham,	5,836 16	161,516 67	13,585 16	817,892 54	32,942 97	
Wrentham School,	220 14	16,636 34	7,003 84	210,751 09	118,082 66	
Totals,	\$16,030 15	\$405,278 61	\$28,931 21	\$1,953,143 14	\$202,439 96	
Totals, hospitals, asylums and miscellaneous,	74,939 66	1,902,138 59	185,237 89	11,788,622 35	1,809,397 74	
Mental wards, State Infirmary,	\$1,975 73	\$119,248 87	\$8,839 04	\$362,190 32	\$23,504 59	
Bridgewater Hospital,	589 41	109,575 33	16,540 65	282,347 72	13,086 82	
Totals,	\$2,565 14	\$228,824 20	\$25,379 69	\$644,538 04	\$36,501 41	
Aggregates,	77,504 80	2,130,962 79	210,617 58	12,463,160 39	1,865,989 15	

¹ Decrease.

INVENTORY.

TABLE III. — *Inventory, Nov. 30, 1909* — Concluded.

INSTITUTIONS.	PERSONAL PROPERTY — Con.					
	TOTAL REAL AND PERSONAL.		PRIVATE FUNDS.		TOTAL INVENTORY.	
	Amount.	Increase.	Amount.	Increase.	Amount.	Increase.
The insane:—						
State hospitals:—						
Worcester,	\$2,107,902 51	\$320,177 49	\$8,450 95	\$1 01	\$2,116,353 46	\$320,176 48
Taunton,	819,789 96	2,959 65	—	—	819,789 96	2,959 65
Northampton,	858,570 18	4,028 90	652 92	23 81	859,223 10	4,052 71
Danvers,	1,905,797 40	5,462 99	—	—	1,905,797 40	5,462 99
Westborough,	985,342 46	57,064 22	—	—	985,342 46	57,064 22
Boston,	1,217,927 50	1,217,927 50	—	—	1,217,927 50	1,217,927 50
Totals,	\$7,895,330 01	\$1,607,620 75	\$9,103 87	\$22 80	\$7,904,433 88	\$1,607,643 55
State asylums:—						
Worcester,	\$1,067,514 20	\$77,605 74	—	—	\$1,067,514 20	\$77,605 74
Medfield,	1,802,551 26	33,187 26	—	—	1,802,551 26	33,187 26
Gardner Colony,	566,943 72	44,850 71	—	—	566,943 72	44,850 71
Totals,	\$3,437,009 18	\$155,643 71	—	—	\$3,437,009 18	\$155,643 71
Totals, hospitals and asylums,	11,332,339 19	1,763,264 46	\$9,103 87	\$22 80	11,341,443 06	1,763,287 26
Miscellaneous:—						
Monson Hospital,	\$746,589 39	\$58,045 28	—	—	\$746,589 39	\$58,110 04
Foxborough Hospital,	405,035 72	1,711 26	\$450 30	\$64 76	405,035 72	1,711 26
School for the Feeble-minded at Waltham,	979,409 21	46,528 13	—	—	979,409 21	46,528 13
Wrentham School,	227,367 43	125,086 50	—	—	227,367 43	125,086 50
Totals,	\$2,358,421 75	\$231,371 17	\$450 30	\$64 76	\$2,358,872 05	\$231,435 93
Totals, hospitals, asylums and miscellaneous,	13,690,760 94	1,994,635 63	9,554 17	87 56	13,700,315 11	1,994,723 19
Mental wards, State Infirmary,	\$481,439 19	\$32,343 63	—	—	\$481,439 19	\$32,343 63
Bridgewater Hospital,	391,923 05	29,627 47	—	—	391,923 05	29,627 47
Totals,	\$873,362 24	\$61,971 10	—	—	\$873,362 24	\$61,971 10
Aggregates,	14,564,123 18	2,056,606 73	\$9,554 17	\$87 56	14,573,677 35	2,066,694 29

Decrease.

RECEIPTS OF STATE INSTITUTIONS.

TABLE IV.—Receipts of State Institutions during the Fiscal Year ending Nov. 30, 1909 (Available for Maintenance the Following Year, under Section 2, Chapter 175, Acts of 1905).

INSTITUTIONS.	RECEIPTS FOR SUPPORT.				
	Town.	Reimbursing.	Private.	Soldiers' Relief.	Total Support.
The insane:—					
State hospitals:—					
Worcester,	\$1,523 54	\$16,783 94	\$43,825 43	—	\$62,132 91
Taunton,	220 54	11,709 93	23,165 52	—	35,095 99
Northampton,	—	13,977 00	30,590 73	—	44,567 73
Danvers,	328 25	22,317 16	41,190 51	—	63,835 92
Westborough,	888 19	11,715 77	55,379 01	—	67,982 97
Boston,	—	6,037 75	15,552 82	—	21,590 57
Totals,	\$2,960 52	\$82,541 55	\$210,104 02	—	\$295,606 09
State asylums:—					
Worcester,	—	\$5,219 31	—	—	\$5,219 31
Medfield,	—	7,390 24	—	—	7,390 24
Guarder Colony,	—	1,353 02	—	—	1,353 02
Totals,	\$2,960 52	\$13,962 57	\$210,104 02	—	\$13,962 57
Totals, hospitals and asylums,		\$96,504 12			\$96,504 12
Miscellaneous:—					
Monson Hospital,	\$13,838 88	\$3,403 41	\$8,680 23	\$42 25	\$26,054 77
Foxborough Hospital,	9,802 44	449 76	933 18	—	11,185 38
School for the Feeble-minded at Waltham,	20,424 21	127 21	23,526 77	—	44,078 19
Wrentham School,	357 04	—	—	—	357 04
Totals,	\$44,422 57	\$4,070 38	\$23,140 18	\$42 25	\$81,675 38
Totals, hospitals, asylums and miscellaneous,	\$47,383 09	\$100,574 50	\$243,244 20	\$42 25	\$391,244 04
Mental wards, State Infirmary,	—	—	—	—	—
Bridgewater hospital,	—	—	—	—	—
Totals,	—	—	—	—	—
Aggregates,	\$47,383 09	\$100,574 50	\$243,244 20	\$42 25	\$391,244 04

RECEIPTS OF STATE INSTITUTIONS.

TABLE IV.—Receipts of State Institutions during the Fiscal Year ending Nov. 30, 1909, etc.—Continued.

INSTITUTIONS.		RECEIPTS ON ACCOUNT OF SALES OR REFUNDS.					
		Salaries, Wages and Labor.	Food.	Clothing and Clothing Material.	Furnish- ings.	Heat, Light and Power.	Repairs and Improve- ments.
The insane:—							
State hospitals:—							
Worcester,		—	\$1,327 42	\$760 01	\$2 65	\$10 20	\$102 78
Taunton,		\$4 00	15 98	426 38	—	4 23	56 36
Northampton,		—	174 93	231 01	10 18	—	3 56
Denvers,		5 75	338 22	500 30	24 00	179 70	283 03
Westborough,		41 96	284 16	330 39	25 17	—	131 12
Boston,		10 35	316 93	26 71	14 13	—	—
Totals,		\$62 06	\$2,457 04	\$2,584 80	\$76 13	\$194 13	\$576 85
State asylums:—							
Worcester,		\$21 85	\$105 84	\$240 14	\$1 25	—	\$8 80
Medfield,		7 76	470 54	810 19	9 62	—	7 83
Gardner Colony,		1 52	49 83	255 63	22	\$4 95	4 55
Totals,		\$31 13	\$626 21	\$1,305 96	\$11 09	\$4 95	\$21 18
Totals, hospitals and asylums,		93 19	3,083 85	3,890 76	87 22	199 08	598 03
Miscellaneous:—							
Monson Hospital,		—	\$399 54	\$243 08	\$18 28	—	\$292 72
Foxborough Hospital,		—	39 81	276 81	17 00	\$39 76	183 89
School for the Feeble-minded at Waltham,		\$14 81	22 20	530 80	8 14	268 34	11 73
Wrentham School,		—	—	18 29	—	—	—
Totals,		\$14 81	\$461 55	\$1,068 93	\$43 42	\$308 10	\$488 34
Totals, hospitals, asylums and miscellaneous,		108 00	3,545 40	4,959 69	130 64	507 18	1,086 37
Mental wards, State Infirmary,		—	—	—	—	—	—
Bridgewater Hospital,		—	—	—	—	—	—
Totals,		—	—	—	—	—	—
Aggregates,		\$108 00	\$3,545 40	\$4,959 69	\$130 64	\$507 18	\$1,086 37

RECEIPTS OF STATE INSTITUTIONS.

TABLE IV. — Receipts of State Institutions during the Fiscal Year ending Nov. 30, 1909, etc. — Concluded.

INSTITUTIONS.	RECEIPTS ON ACCOUNT OF SALES OR REFUNDS — Con.			Miscellaneous.	Total Receipts.
	Farm, Stable and Grounds.	Sundries.	Total Sales or Refunds.		
The insane: —					
State hospitals: —					
Worcester,	\$542 03	\$333 76	\$3,078 85	\$783 19	\$65,994 95
Taunton,	60 95	1 05	568 95	536 14	36,201 08
Northampton,	1,059 50	96 09	1,625 27	275 02	46,868 02
Danvers,	1,220 91	230 40	2,772 31	334 29	66,962 52
Westborough,	436 50	431 92	1,941 22	749 62	70,673 81
Boston,	664 84	9 12	1,042 08	180 30	22,812 95
Totals,	\$3,984 73	\$1,092 34	\$11,028 68	\$2,878 56	\$309,513 33
State asylums: —					
Worcester,	\$80 12	\$224 79	\$682 79	\$135 89	\$6,637 99
Medfield,	1,118 95	77 21	2,502 10	493 91	10,386 25
Gardner Colony,	179 17	141 62	637 49	95 38	2,085 89
Totals,	\$1,378 24	\$443 62	\$3,822 38	\$725 18	\$18,510 13
Totals, hospitals and asylums,	5,362 97	1,535 96	14,851 06	3,603 74	338,023 46
Miscellaneous: —					
Monson Hospital,	\$275 22	\$25 50	\$1,254 29	\$292 01	\$27,541 07
Foxborough Hospital,	229 81	102 10	889 18	1,275 14	13,349 70
School for the Feeble-minded at Waltham,	281 97	110 07	1,248 06	291 61	45,617 86
Wrentham School,	3 00	50	21 79	46 82	425 65
Totals,	\$790 00	\$238 17	\$3,413 32	\$1,845 58	\$86,434 28
Totals, hospitals, asylums and miscellaneous,	6,152 97	1,774 13	18,264 38	5,449 32	414,957 74
Mental wards, State Infirmary,	\$44 86	—	\$44 86	\$419 82	\$464 68
Bridgewater Hospital,	332 95	\$325 39	658 34	486 88	1,145 22
Totals,	\$377 81	\$325 39	\$703 20	\$906 70	\$1,609 90
Aggregates,	6,530 78	2,099 52	18,967 58	6,356 02	416,567 64

TABLE V. — *Expenses for Maintenance and Net Weekly Per Capitas for the Fiscal Year ending Nov. 30, 1909.*

INSTITUTIONS.	Average Number of Patients.	SALARIES, WAGES AND LABOR ON PAY ROLL.					FOOD.	
		Gross Expenses.	Receipts.	Net Expenses.	WEEKLY PER CAPITA.		Gross Expenses.	Receipts.
					1909.	Three Years' Average, 1906-1908.		
The insane:—								
State hospitals:—								
Worcester,	1,241	\$107,855 05	—	\$107,855 05	\$1,6713	\$1,6196	\$84,066 20	\$1,327 42
Taunton,	972	38,311 63	\$4 00	38,307 63	1,9450	1,6250	59,999 92	15 96
Northampton,	858	62,020 42	—	62,020 42	1,3901	1,4573	52,055 15	174 56
Danvers,	1,441	110,782 56	5 75	110,776 81	1,4784	1,5248	67,273 68	338 22
Westborough,	972	110,855 95	41 96	110,813 99	2,1924	1,8532	56,844 12	284 16
Boston,	767	75,492 18	10 35	75,481 83	1,8925	—	41,070 44	316 93
Totals and averages,	6,251	\$565,317 79	\$62 06	\$565,255 73	\$1,7380	\$1,6130 1	\$361,309 51	\$2,457 64
State asylums:—								
Worcester,	1,081	\$100,326 73	\$21 85	\$100,304 88	\$1,7844	\$1,4972	\$63,141 04	\$105 84
Medfield,	1,595	130,739 70	7 76	130,731 94	1,5762	1,4475	81,078 41	470 54
Gardner Colony,	539	39,605 85	1 52	39,604 33	1,3925	1,2887	18,516 27	49 83
Totals and averages,	3,235	\$270,672 28	\$31 13	\$270,641 15	\$1,6088	\$1,4358	\$162,735 72	\$626 21
Totals and averages, hospitals and asylums,	9,486	\$835,990 07	\$33 19	\$835,896 88	1,6946	1,5498 1	\$524,045 23	\$3,083 85
Miscellaneous:—								
Monson Hospital,	704	\$68,644 78	—	\$68,644 78	\$1,8751	\$1,7741	\$41,493 07	\$399 54
Foxborough Hospital,	307	31,550 11	—	31,550 11	1,9763	1,9378	20,199 26	39 81
School for the Feeble-minded at Waltham,	1,281	94,033 46	\$14 81	94,018 65	1,4250	1,4080	66,309 94	22 20
Wrentham School,	44	7,646 72	—	7,646 72	3,3421	—	2,606 84	—
Totals and averages,	2,336	\$202,775 07	\$14 81	\$202,760 26	\$1,6692	—	\$130,609 11	\$461 55
Totals and averages, hospitals, asylums and miscellaneous,	11,822	1,038,765 14	108 00	1,038,657 14	1,6896	—	654,654 34	3,545 40
Mental wards, State Infirmary,	689	\$38,648 20	—	\$38,648 20	\$1,0787	—	\$37,419 01	—
Bridgewater Hospital,	687	22,705 26	—	22,705 26	0,6855	—	22,979 00	—
Totals and averages,	1,326	\$61,353 46	—	\$61,353 46	\$0,8898	—	\$60,398 01	—
Aggregates,	13,148	1,100,118 60	\$108 00	1,100,010 60	1,6089	—	715,052 35	\$3,545 40

1 Exclusive of Boston State Hospital.

EXPENSES FOR MAINTENANCE, ETC.

TABLE V.—*Expenses for Maintenance, etc. — Continued.*

INSTITUTIONS.	Food — Con.			CLOTHING AND CLOTHING MATERIAL.				
	Net Expenses.	WEEKLY PER CAPITA.		Gross Expenses.	Receipts.	Net Expenses.	WEEKLY PER CAPITA.	
		1909.	Three Years' Average, 1906-1908.				1909.	Three Years' Average, 1906-1908.
The insane: —								
State hospitals: —								
Worcester,	\$82,738 78	\$1,2821	\$1,3011	\$12,659 05	\$760 01	\$11,899 04	\$0,1844	\$0,1946
Taunton,	\$9,983 94	1,1868	1,1595	5,849 79	426 38	5,423 41	0,1073	0,0085
Northampton,	51,880 22	1,1628	0,9827	4,948 32	281 01	4,667 31	0,1046	0,1140
Danvers,	66,935 46	0,8933	0,8492	14,071 85	500 30	13,571 55	0,1811	0,1696
Westborough,	56,559 96	1,1190	1,1362	6,476 93	560 39	5,886 54	0,1165	0,1232
Boston,	40,753 51	1,0218		6,628 94	20 71	6,602 23	0,1635	—
Totals and averages,	\$358,801 87	\$1,1040	\$1,0826 1	\$50,634 88	\$2,584 80	\$48,050 08	\$0,1478	\$0,1451 1
State asylums: —								
Worcester,	\$63,035 20	\$1,1214	\$0,9117	\$12,045 88	\$240 14	\$11,805 74	\$0,2100	\$0,2061
Medford,	80,607 87	0,9719	0,9378	16,270 36	810 19	15,460 17	0,1864	0,2286
Gardner Colony,	18,466 44	0,6553	0,7544	5,698 47	255 63	5,442 84	0,1872	0,2049
Totals and averages,	\$62,109 51	\$0,9637	\$0,9042	\$24,014 71	\$1,305 96	\$32,708 75	\$0,1944	\$0,2179
Totals and averages, hospitals and asylums,	\$20,961 38	1,0361	1,0175 1	\$4,649 59	3,830 76	\$0,758 83	0,1637	0,1710 1
Miscellaneous: —								
Monson Hospital,	\$41,093 53	\$1,1225	\$0,9638	\$3,854 29	\$243 03	\$3,611 26	\$0,0087	\$0,1091
Foxborough Hospital,	20,159 45	1,2628	1,3167	3,179 76	276 81	2,902 95	0,1819	0,1676
School for the Feeble-minded at Waltham,	66,287 74	0,9351	0,8854	13,391 85	530 80	12,861 05	0,1931	0,1758
Wrentham School,	2,606 84	1,1394	—	1,206 42	18 29	1,188 13	0,5193	—
Totals and averages,	\$30,147 56	\$1,0714	—	\$21,632 32	\$1,068 93	\$20,563 39	\$0,1683	—
Totals and averages, hospitals, asylums and miscellaneous,	651,108 94	1,0592	—	106,281 91	4,959 69	101,322 22	0,1648	—
Mental wards, State Infirmary,	\$37,419 01	\$1,0444	—	\$9,887 09	—	\$9,837 09	\$0,2746	—
Bridgewater Hospital,	22,979 00	0,6337	—	7,758 05	—	7,728 05	0,2333	—
Totals and averages,	\$60,398 01	\$0,8759	—	\$17,565 14	—	\$17,565 14	\$0,2547	—
Aggregates,	711,506 95	1,0407	—	123,847 05	\$4,959 69	118,887 36	\$0,1739	—

¹ Exclusive of Boston State Hospital.

EXPENSES FOR MAINTENANCE, ETC.

TABLE V. — *Expenses for Maintenance, etc. — Continued.*

INSTITUTIONS.	FURNISHINGS.						
	Gross Expenses.	Receipts.	Net Expenses.	WEEKLY PER CAPITA.			
				1909.	Three Years' Average, 1906-1908.	Beds, Bedding, Table Linen, etc.	Carpets, Rugs, etc.
The insane:—							
State hospitals:—							
Worcester,	\$11,442 26	\$2 65	\$11,439 61	\$0.1773	\$0.1744	\$0.1119	\$0.0074
Taunton,	11,435 70	—	11,435 70	0.2263	0.1860	0.1458	0.0151
Northampton,	7,114 05	10 18	7,133 87	0.1599	0.1271	0.1022	0.0164
Danvers,	13,056 88	24 00	13,032 88	0.1739	0.1777	0.0906	0.0247
Westborough,	10,368 91	25 17	10,343 74	0.2047	0.2506	0.1412	0.0063
Boston,	8,794 65	14 13	8,780 52	0.2202	—	0.1216	0.0134
Totals and averages,	\$62,242 45	\$76 13	\$62,166 32	\$0.1912	\$0.1833 ¹	\$0.1167	\$0.0144
State asylums:—							
Worcester,	\$12,377 52	\$1 25	\$12,376 27	\$0.2202	\$0.1502	\$0.1248	\$0.0053
Medfield,	8,216 22	9 62	8,206 60	0.0990	0.0929	0.0492	0.0050
Gardner Colony,	3,306 89	22	3,306 67	0.1137	0.1564	0.0494	0.0076
Totals and averages,	\$23,900 63	\$11 09	\$23,889 54	\$0.1420	\$0.1197	\$0.0745	\$0.0056
Totals and averages, hospitals and asylums,	\$86,143 08	\$7 22	\$86,035 86	0.1745	0.1603 ¹	0.1023	0.0114
Miscellaneous:—							
Monson Hospital,	\$5,070 89	\$18 28	\$5,052 61	\$0.1380	\$0.1551	\$0.0638	\$0.0113
Foxborough Hospital,	3,461 06	17 00	3,444 06	0.2157	0.2164	0.0803	0.0129
School for the Feeble-minded at Waltham,	12,579 29	8 14	12,571 15	0.1887	0.1505	0.1198	0.0025
Wrentham School,	356 33	—	356 33	0.1557	—	0.0523	—
Totals and averages,	\$21,467 57	\$43 42	\$21,424 15	\$0.1764	—	\$0.0965	\$0.0065
Totals and averages, hospitals, asylums and miscellaneous,	107,610 65	130 64	107,480 01	0.1748	—	0.1011	0.0104
Mental wards, State Infirmary,	\$6,154 65	—	\$6,154 65	\$0.1718	—	—	—
Bridgewater Hospital,	3,292 49	—	3,292 49	0.0994	—	—	—
Totals and averages,	\$9,447 14	—	\$9,447 14	\$0.1370	—	—	—
Aggregates,	117,057 79	\$130 64	116,927 15	0.1710	—	—	—

¹ Exclusive of Boston State Hospital.

TABLE V. — *Expenses for Maintenance, etc.* — Continued.

EXPENSES FOR MAINTENANCE, ETC.							
INSTITUTIONS.	FURNISHINGS — CON.			HEAT, LIGHT AND POWER.			
	WEEKLY PER CAPITA — Con.		Gross Expenses.	Receipts.	Net Expenses.	WEEKLY PER CAPITA.	
	Furniture and Upholstery.	Crookery, Glassware, Cutlery, etc.				1909.	Three Years' Average, 1906-1908.
The insane: —							
State hospitals: —							
Worcester,	\$0.0165	\$0.0146	\$20,860 91	\$10 20	\$20,850 71	\$0.3231	\$0.3889
Taunton,	0.0133	0.0228	18,331 76	4 23	18,327 53	0.3626	0.4246
Northampton,	0.0085	0.0188	13,146 31	—	13,146 31	0.2947	0.2903
Danvers,	0.0058	0.0150	22,800 01	179 70	22,620 31	0.3019	0.3379
Westborough,	0.0051	0.0169	22,780 31	—	22,780 31	0.4507	0.3802
Boston,	0.0120	0.0191	19,797 96	—	19,797 96	0.4964	—
Totals and averages,	\$0.0101	\$0.0174	\$117,717 26	\$194 13	\$117,523 13	\$0.3616	\$0.3666 ¹
State asylums: —							
Worcester,	\$0.0172	\$0.0142	\$25,009 17	—	\$25,009 17	\$0.4449	\$0.3975
Medfield,	0.0038	0.0142	27,438 07	—	27,438 07	0.3315	0.3742
Gardner Colony,	0.0114	0.0124	10,635 43	\$4 95	10,690 48	0.3678	0.3727
Totals and averages,	\$0.0096	\$0.0139	\$63,197 67	\$4 95	\$63,192 72	\$0.3757	\$0.3805
Totals and averages, hospitals and asylums,	0.0069	0.0162	180,914 93	199 08	180,715 85	0.3664	0.3718 ¹
Miscellaneous: —							
Monson Hospital,	\$0.0133	\$0.0221	\$9,268 44	—	\$9,268 44	\$0.2532	\$0.4070
Foxborough Hospital,	0.0074	0.0163	8,178 73	\$39 76	8,138 97	0.5098	0.8338
School for the Feeble-minded at Waltham,	0.0269	0.0068	14,297 17	268 34	14,028 83	0.2106	0.2479
Wrentham School,	0.0068	0.0265	4,134 96	—	4,134 96	1.8072	—
Totals and averages,	\$0.0199	\$0.0130	\$35,879 30	\$308 10	\$35,571 20	\$0.2928	—
Totals and averages, hospitals, asylums and miscellaneous,	0.0119	0.0156	216,794 23	507 18	216,287 05	0.3518	—
Mental wards, State Infirmary,	—	—	\$3,179 70	—	\$3,179 70	\$0.2562	—
Bridgewater Hospital,	—	—	7,799 82	—	7,799 82	0.2355	—
Totals and averages,	—	—	\$16,979 52	—	\$16,979 52	\$0.2463	—
Aggregates,	—	—	233,773 75	\$507 18	233,266 57	0.3412	—

¹ Exclusive of Boston State Hospital.

EXPENSES FOR MAINTENANCE, ETC.

TABLE V. — *Expenses for Maintenance, etc.* — Continued.

HEAT, LIGHT AND POWER — Con.									
COAL.									
INSTITUTIONS.	SOFT.		HARD.		BUCKWHEAT AND SCREENINGS.		TOTAL CONSUMPTION WEEKLY PER CAPITA.		
	Quantity, Long Tons.	Average Price.	Quantity, Long Tons.	Average Price.	Quantity, Long Tons.	Average Price.	Quantity, Long Tons.	Cost.	
								1909.	Three Years' Average, 1906-1908.
The insane:—									
State hospitals:—									
Worcester,	4,008	\$4.405	218	\$6.743	—	—	\$0.06549	\$0.29637	\$0.3330
Taunton,	3,773	3.975	377	5.810	—	—	0.08211	0.34009	0.4087
Northampton,	2,885	4.184	53	6.321	29	\$4.222	0.06650	0.28083	0.3027
Danvers,	5,191	3.792	251	6.125	—	—	0.07262	0.28322	0.3319
Westborough,	2,838	4.328	611	6.444	1,837	3.261	0.10458	0.43384	0.4041
Boston,	3,609	4.563	129	6.888	470	3.317	0.10650	0.47594	—
Totals and averages,	22,304	\$4.180	1,639	\$6.314	2,336	\$3.284	\$0.08084	\$0.34239	\$0.3735 1
State asylums:—									
Worcester,	3,599	\$4.130	577	\$6.035	1,750	\$2.800	0.10542	0.41351	\$0.4100
Medfield,	4,785	3.951	539	5.949	1,437	2.899	0.08224	0.31896	0.3917
Gardner Colony,	869	4.356	557	6.726	1,009	3.041	0.08170	0.35571	0.3492
Totals and averages,	9,193	\$4.057	1,673	\$6.238	4,256	\$2.892	0.08089	\$0.35691	\$0.3904
Totals and averages, hospitals and asylums,	31,497	4.144	3,312	6.276	6,592	3.031	0.08393	0.34734	0.3797 1
Miscellaneous:—									
Monson Hospital,	1,879	\$4.067	180	\$6.000	—	—	\$0.05624	\$0.23827	\$0.4304
Foxborough Hospital,	1,590	4.291	141	5.910	—	—	0.10843	0.47944	0.8507
School for the Feeble-minded at Waltham,	2,869	3.628	436	6.450	—	—	0.03661	0.19848	0.2432
Wrentham School,	695	4.360	121	6.740	—	—	0.35664	1.68093	—
Totals and averages,	7,033	\$3.968	878	\$6.307	—	—	\$0.06513	\$0.27532	—
Totals and averages, hospitals, asylums and miscellaneous,	38,530	4.112	4,190	6.282	6,592	\$3.031	0.08022	0.33311	—
Mental wards, State Infirmary,	—	—	—	—	—	—	—	—	—
Bridgewater Hospital,	—	—	—	—	—	—	—	—	—
Totals and averages,	—	—	—	—	—	—	—	—	—
Aggregates,	—	—	—	—	—	—	—	—	—

¹ Exclusive of Boston State Hospital.

EXPENSES FOR MAINTENANCE, ETC.

TABLE V. — *Expenses for Maintenance, etc. — Continued.*

INSTITUTIONS.	REPAIRS AND IMPROVEMENTS (EXCLUSIVE OF LABOR).					WEEKLY PER CAPITA.				
	Gross Expenses.	Receipts.	Net Expenses.	1909.	Three Years' Average, 1906-1908.	Plumbing, Steam Fitting and Supplies.	Electrical Work and Supplies.	Paints, Oils, Glass, etc.		
The insane:—										
State hospitals:—										
Worcester,	\$20,297 06	\$102 78	\$20,194 28	\$0.3129	\$0.2479	\$0.0419	\$0.0512	\$0.0451		
Taunton,	8,423 04	56 36	8,366 68	0.1655	0.2235	0.0262	0.0035	0.0281		
Northampton,	7,210 90	3 56	7,207 34	0.1615	0.1846	0.0229	0.0107	0.0297		
Danvers,	30,069 28	283 03	29,786 25	0.3975	0.3267	0.1113	0.0215	0.0437		
Westborough,	13,768 77	131 12	13,637 65	0.2698	0.2307	0.0459	0.0425	0.0201		
Boston,	9,414 88	—	9,414 88	0.2361	—	0.0366	0.0048	0.0400		
Totals and averages,	\$89,183 93	\$576 85	\$88,607 08	\$0.2726	\$0.2497 ¹	\$0.0528	\$0.0253	\$0.0355		
State asylums:—										
Worcester,	\$11,160 80	\$8 80	\$11,152 09	\$0.1984	\$0.2380	\$0.0375	\$0.0111	\$0.0396		
Medfield,	11,100 59	7 83	11,092 76	0.1337	0.1894	0.0233	0.0129	0.0113		
Gardner Colony,	8,283 87	4 55	8,279 32	0.2848	0.2581	0.0721	0.0310	0.0345		
Totals and averages, hospitals and asylums,	\$30,545 35	\$21 18	\$30,524 17	\$0.1814	\$0.2140	\$0.0365	\$0.0154	\$0.0248		
Miscellaneous:—										
Monson Hospital,	\$9,258 03	\$292 72	\$8,965 31	0.2415	0.2378 ¹	0.0472	0.0219	0.0318		
Foxborough Hospital,	9,070 89	183 89	8,886 90	0.3567	0.2876	\$0.0853	\$0.0255	\$0.0350		
School for the Feeble-minded at Waltham,	15,406 29	11 73	15,394 56	0.2311	0.4609	0.1572	0.0264	0.0563		
Wrentham School,	552 51	—	552 51	0.2415	0.2529	0.0615	0.0172	0.0243		
Totals and averages,	\$34,287 22	\$488 34	\$33,798 88	\$0.2782	—	\$0.0805	\$0.0206	\$0.0331		
Totals and averages, hospitals, asylums and miscellaneous,	154,016 50	1,086 37	152,930 13	0.2488	—	0.0538	0.0217	0.0321		
Mental wards, State Infirmary,	\$11,740 73	—	\$11,740 73	\$0.3277	—	—	—	—		
Bridgewater Hospital,	5,631 50	—	5,631 50	0.1700	—	—	—	—		
Totals and averages,	\$17,372 23	—	\$17,372 23	\$0.2519	—	—	—	—		
Aggregates,	171,388 73	\$1,086 37	170,302 36	0.2491	—	—	—	—		

¹ Exclusive of Boston State Hospital.

EXPENSES FOR MAINTENANCE, ETC.

TABLE V. — *Expenses for Maintenance, etc. — Continued.*

INSTITUTIONS.	FARM, STABLE AND GROUNDS.				WEEKLY PER CAPITA.			
	Gross Expenses.	Receipts.	Net Expenses.	1909.	Three Years' Average, 1906-1908.	Carriages, Wagons and Repairs.	Hay, Grain, etc.	Fertilizers, Vines, Seeds, etc.
The Insane:—								
State hospitals:—								
Worcester,	\$20,788 33	\$542 03	\$20,246 30	\$0.3138	\$0.2817	\$0.0226	\$0.1725	\$0.0150
Taunton,	15,841 77	60 95	15,780 82	0.3122	0.2801	0.0127	0.1914	0.0276
Northampton,	16,265 46	1,059 50	15,205 96	0.3408	0.3650	0.0054	0.2292	0.0421
Danvers,	15,030 97	1,220 91	13,810 06	0.1843	0.3174	0.0032	0.1095	0.0358
Westborough,	15,089 79	436 50	14,653 29	0.2899	0.3214	0.0064	0.2149	0.0229
Boston,	15,753 25	664 84	15,088 42	0.3783	—	0.0747	0.1080	0.0181
Totals and averages,	\$98,769 58	\$3,984 73	\$94,784 85	\$0.2916	\$0.3101 ¹	\$0.0181	\$0.1674	\$0.0271
State asylums:—								
Worcester,	\$19,110 43	\$80 12	\$19,030 31	\$0.3385	\$0.2468	\$0.0247	\$0.2241	\$0.0347
Medfield,	21,649 80	1,118 95	20,530 85	0.2475	0.3147	0.0025	0.1920	0.0122
Gardner Colony,	11,933 77	179 17	11,754 60	0.4044	0.3135	0.0236	0.1754	0.0983
Totals and averages,	\$52,694 00	\$1,378 24	\$51,315 76	\$0.3051	\$0.2939	\$0.0135	\$0.1999	\$0.0346
Totals and averages, hospitals and asylums,	151,463 58	5,362 97	146,100 61	0.2962	0.3045 ¹	0.0165	0.1785	0.0266
Miscellaneous:—								
Monson Hospital,	\$11,155 14	\$275 22	\$10,879 92	\$0.2972	\$0.2266	\$0.0120	\$0.1841	\$0.0171
Foxborough Hospital,	7,337 13	229 81	7,107 32	0.4452	0.4848	0.0251	0.2370	0.0495
School for the Feeble-minded at Waltham,	22,183 19	281 97	21,901 22	0.3288	0.2834	0.0370	0.1320	0.0724
Wrentham School,	3,451 59	3 00	3,448 59	1.5073	—	0.0258	0.5986	0.3738
Totals and averages,	\$44,127 05	\$790 00	\$43,337 05	\$0.3568	—	\$0.0277	\$0.1703	\$0.0584
Totals and averages, hospitals, asylums and miscellaneous,	195,590 63	6,152 97	189,437 66	0.3081	—	0.0187	0.1768	0.0353
Mental wards, State Infirmary,	\$4,930 08	\$44 86	\$4,885 12	\$0.1363	—	—	—	—
Bridgewater Hospital,	7,422 46	332 95	7,089 51	0.2140	—	—	—	—
Totals and averages,	\$12,352 54	\$377 81	\$11,974 73	\$0.1737	—	—	—	—
Aggregates,	207,943 17	6,530 78	201,412 39	0.2946	—	—	—	—

¹ Exclusive of Boston State Hospital.

EXPENSES FOR MAINTENANCE, ETC.

TABLE V.—*Expenses for Maintenance, etc.*—Continued.

INSTITUTIONS.	FARM, STABLE AND GROUNDS — CON.		MISCELLANEOUS.							
	WEEKLY PER CAPITA — CON.		Gross Expenses.	Receipts.	Net Expenses.	WEEKLY PER CAPITA.				
	Cows.	Horses.				1909.	Three Years' Average, 1906-1908.	Freight Ex- pense and Transporta- tion.	Water.	
The insane: —										
State hospitals: —										
Worcester,	\$0.0303	\$0.0195	\$18,775 95	\$1,116 95	\$17,659 00	\$0.2737	\$0.2020	\$0.0256	\$0.0819	
Taunton,	0.0175	0.0054	18,400 39	537 19	17,863 20	0.3534	0.3067	0.0392	0.0741	
Northampton,	0.0063	0.0112	10,562 19	371 11	10,191 08	0.2284	0.2302	0.0028	0.0606	
Danvers,	0.0113	0.0025	20,807 29	574 69	20,232 60	0.2700	0.2801	0.0304	0.0646	
Westborough,	—	0.0084	13,332 49	1,181 54	12,150 95	0.2404	0.2920	0.0064	0.0101	
Boston,	0.0229	0.0312	15,028 44	189 42	14,839 02	0.3720	—	0.0027	0.1175	
Totals and averages,	\$0.0150	\$0.0119	\$96,906 75	\$3,970 90	\$92,935 85	\$0.2859	\$0.2614	\$0.0139	\$0.0670	
State asylums: —										
Worcester,	\$0.0070	\$0.0095	\$11,422 79	\$360 68	\$11,062 11	\$0.1968	\$0.2336	\$0.0231	\$0.0281	
Medfield,	0.0131	0.0061	11,450 01	571 12	10,878 89	0.1312	0.1174	0.0240	—	
Gardner Colony,	—	0.0344	6,959 45	237 00	6,722 45	0.2313	0.1930	0.0700	—	
Totals and averages,	\$0.0088	\$0.0121	\$29,832 25	\$1,168 80	\$28,663 45	\$0.1704	\$0.1658	\$0.0316	\$0.0094	
Totals and averages, hospitals and asylums,	0.0129	0.0120	126,739 00	5,139 70	121,599 30	0.2465	0.2269	0.0239	0.0473	
Miscellaneous: —										
Monson Hospital,	\$0.0239	\$0.0177	\$12,455 36	\$257 51	\$12,197 85	\$0.3332	\$0.2986	\$0.0254	\$0.0339	
Foxborough Hospital,	0.0160	0.0689	10,605 95	1,377 24	9,228 71	0.5781	0.6354	0.0784	0.0543	
School for the Feeble-minded at Waltham,	—	0.0078	17,975 14	401 68	17,573 46	0.2638	0.2146	0.0456	0.0296	
Wrentham School,	—	—	1,665 97	47 32	1,618 65	0.7074	—	0.1184	—	
Totals and averages,	\$0.0093	\$0.0187	\$42,702 42	\$2,083 75	\$40,618 67	\$0.3344	—	\$0.0452	\$0.0336	
Totals and averages, hospitals, asylums and miscellaneous,	0.0122	0.0133	169,441 42	7,223 45	163,217 97	0.2639	—	0.0281	0.0446	
Menial wards, State Infirmary,	—	—	\$12,422 44	\$419 82	\$12,002 62	\$0.3350	—	—	—	
Bridgewater Hospital,	—	—	6,965 21	812 27	6,142 94	0.1855	—	—	—	
Totals and averages,	—	—	\$19,377 65	\$1,232 09	\$18,145 56	\$0.2632	—	—	—	
Aggregates,	—	—	188,819 07	\$4,455 54	180,363 53	0.2638	—	—	—	

1 Exclusive of Boston State Hospital.

2 Includes \$820.89 for sewage disposal.

EXPENSES FOR MAINTENANCE, ETC.

TABLE V. — *Expenses for Maintenance, etc.* — Continued.

INSTITUTIONS.	MISCELLANEOUS — Con.				TOTAL MAINTENANCE EXPENSES.		
	WEEKLY PER CAPITA — Con.				Gross Expenses.	Receipts.	Net Expenses.
	Funeral expenses, returning Escaped Patients and Printing Annual Report.	Chapel Services and Entertainments.	Medicines and Hospital Supplies.	Tobacco.			
The insane: —							
State hospitals: —							
Worcester,	\$0.0095	\$0.0080	\$0.0291	\$0.0156	\$206,744 81	\$3,862 04	\$202,882 77
Taunton,	0.0058	0.0296	0.0501	0.0135	236,594 00	1,105 09	235,488 91
Northampton,	0.0066	0.0175	0.0315	0.0181	173,352 80	1,900 29	171,452 51
Danvers,	0.0034	0.0135	0.0493	0.0115	203,892 52	3,126 60	200,765 92
Westborough,	0.0070	0.0126	0.0350	0.0146	249,517 27	2,690 84	246,826 43
Boston,	0.0007	0.0320	0.0586	0.0131	191,980 75	1,222 38	190,758 37
Totals and averages,	\$0.0057	\$0.0173	\$0.0419	\$0.0151	\$1,442,082 15	\$13,907 24	\$1,428,174 91
State asylums: —							
Worcester,	\$0.0056	\$0.0138	\$0.0249	\$0.0099	\$254,594 45	\$818 68	\$253,775 77
Medfield,	0.0094	0.0127	0.0251	0.0109	307,998 16	2,996 01	305,002 15
Gardner Colony,	0.0087	0.0109	0.0177	0.0214	105,000 00	732 87	104,267 13
Totals and averages,	\$0.0080	\$0.0128	\$0.0238	\$0.0123	\$667,592 61	\$4,547 56	\$663,045 05
Totals and averages, hospitals and asylums,	0.0065	0.0157	0.0357	0.0112	2,109,674 76	18,454 80	2,091,219 96
Miscellaneous: —							
Monson Hospital,	\$0.0126	0.0395	\$0.0928	\$0.0154	\$161,200 00	\$1,486 30	\$159,713 70
Foxborough Hospital,	0.0302	0.0634	0.0249	0.0318	93,582 39	2,164 32	91,418 07
School for the Feeble-minded at Waltham,	0.0084	0.0073	0.0109	0.0001	257,076 33 ¹	1,339 67	255,736 66
Wrentham School,	0.0367	—	0.0308	—	21,621 34	68 61	21,552 73
Totals and averages,	\$0.0131	\$0.0242	\$0.0384	\$0.0089	\$533,480 06	\$5,258 90	\$528,221 16
Totals and averages, hospitals, asylums and miscellaneous,	0.0078	0.0174	0.0362	0.0131	2,643,154 82	23,713 70	2,619,441 12
Mental wards, State Infirmary,	—	—	—	—	\$130,331 90	\$464 68	\$129,867 22
Bridgewater Hospital,	—	—	—	—	84,713 79	1,145 22	83,568 57
Totals and averages,	—	—	—	—	\$214,845 69	\$1,609 90	\$213,235 79
Aggregates,	—	—	—	—	2,898,000 51	25,323 60	2,872,676 91

¹ Includes \$20.89 for sewage disposal.

EXPENSES FOR MAINTENANCE, ETC.

TABLE V. — *Expenses for Maintenance, etc.* — Concluded.

INSTITUTIONS.	TOTAL MAINTENANCE EXPENSES — COL.		MAINTENANCE APPROPRIATION.				Deficien- cies.	Balance Reverting to State Treasury.
	WEEKLY PER CAPITA.		Receipts of 1908.	In Addition to Such Receipts.	Total.			
	Three Years' Average, 1906-1908.							
	1909.							
The insane: —								
State hospitals: —								
Worcester,	\$4.5386	\$4.4162	\$69,679 74	\$228,932 26	\$298,612 00	—	\$1,867 19	
Taunton,	4.6591	4.3357	34,892 09	201,707 91	236,600 00	—	6 00	
Northampton,	3.8428	3.7777	46,462 71	128,537 29	175,000 00	—	1,647 20	
Danvers,	3.8804	4.0281	61,965 74	232,034 26	294,000 00	—	107 48	
Westborough,	4.8834	4.6347	67,932 07	184,067 93	252,000 00	—	2,482 73	
Boston,	4.7828	—	—	192,000 00	192,000 00	—	19 25	
Totals and averages,	\$4.3937	\$4.2423 ¹	\$280,932 35	\$1,167,979 65	\$1,448,212 00	—	\$6,129 85	
State asylums: —								
Worcester,	\$4.5146	\$3.9055	\$4,962 58	\$253,037 42	\$258,000 00	—	\$3,405 55	
Medfield,	3.6774	3.7463	9,537 22	300,462 78	310,000 00	—	2,001 84	
Gardner Colony,	3.5870	3.5535	1,203 21	103,796 79	105,000 00	—	—	
Totals and averages,	\$3.9415	\$3.7637	\$15,703 01	\$637,296 99	\$673,000 00	—	\$5,407 39	
Totals and averages, hospitals and asylums,	4.2395	4.0714 ¹	296,635 36	1,824,576 64	2,121,212 00	—	11,537 24	
Miscellaneous: —								
Monson Hospital,	\$4.3628	\$4.3445	\$51,280 60	\$109,919 40	\$161,200 00	—	—	
Foxborough,	5.7265	6.1194	14,652 91	83,047 09	97,700 00	—	\$4,117 61	
School for the Feeble-minded at Waltham,	3.5862	3.6458	96,327 71	169,243 18	265,820 89 ²	—	8,744 36	
Wrentham School,	9.4199	—	718 96	22,281 04	23,000 00	—	1,378 66	
Totals and averages,	\$4.3485	—	\$63,180 18	\$388,719 82	\$547,720 89	—	\$14,240 83	
Totals and averages, hospitals, asylums and miscel- laneous,	4.2610	—	459,815 54	2,209,117 35	2,668,932 89	—	25,778 07	
Mental wards, State Infirmary,	\$3.6247	—	—	\$130,933 21	\$130,933 21	—	\$621 31	
Bridgewater Hospital,	2.5169	—	—	84,513 79	84,513 79	—	—	
Totals and averages,	\$3.0925	—	—	\$215,467 00	\$215,467 00	—	\$621 31	
Aggregates,	4.1432	—	\$459,815 54	2,424,584 35	2,884,399 89	—	26,399 38	

¹ Exclusive of Boston State Hospital.² Includes \$820.89 for sewage disposal.

SPECIAL APPROPRIATIONS.

TABLE VI. — General Statement as to Special Appropriations.

INSTITUTIONS.	Whole Appropriations.	Land.	EXPENDED DURING FISCAL YEAR ENDING NOV. 30, 1909.			
			BUILDINGS FOR PATIENTS.		BUILDINGS FOR NURSES.	
			New and Additions.	Repairs.	New and Additions.	Repairs.
The insane: —						
State hospitals: —						
Worcester,	\$63,600 00	—	\$57,080 54	\$1,225 72	—	—
Taunton,	14,600 00	—	—	—	—	—
Northampton,	24,900 00	—	—	—	—	—
Danvers,	15,000 00	—	—	—	—	—
Westborough,	126,275 00	—	25,730 13	—	\$1,147 59	—
Boston,	600,000 00	\$75,535 00	5,490 92	—	—	—
Totals,	\$844,375 00	\$75,535 00	\$88,301 59	\$1,225 72	\$1,147 59	—
State asylums: —						
Worcester,	\$146,400 00	\$3,200 00	\$34,247 54	—	\$12,718 24	—
Medfield,	28,000 00	—	—	—	—	—
Gardner Colony,	78,000 00	150 00	7,572 67	—	2,606 62	—
Totals,	\$252,400 00	\$3,350 00	\$41,820 21	—	\$15,324 86	—
Totals, hospitals and asylums,	1,096,775 00	78,885 00	130,121 80	\$1,225 72	16,472 45	—
Miscellaneous: —						
Monson Hospital,	\$220,000 00	—	\$17,695 85	—	\$13,062 43	—
Foxborough Hospital,	135,000 00	—	—	\$169 00	—	—
School for the Feeble-minded at Waltham,	170,600 00	\$510 00	19,049 10	4,127 67	—	—
Wrentham School,	274,000 00	55 00	47,194 31	—	6,524 99	\$1,723 55
Totals,	\$799,600 00	\$565 00	\$83,939 26	\$4,296 67	\$19,587 42	\$1,723 55
Totals, hospitals, asylums and miscellaneous,	1,896,375 00	79,450 00	214,061 06	5,522 39	36,059 87	1,723 55
Mental wards, State Infirmary,	—	—	—	—	—	—
Bridgewater Hospital,	\$125,000 00	—	\$1,575 00	—	\$2,199 66	—
Totals,	\$125,000 00	—	\$1,575 00	—	\$2,199 66	—
Aggregates,	2,021,375 00	\$79,450 00	215,636 06	\$5,522 39	\$38,259 53	\$1,723 55

SPECIAL APPROPRIATIONS.

TABLE VI. — *General Statement as to Special Appropriations* — (Continued.)

INSTITUTIONS.	EXPENDED DURING FISCAL YEAR ENDING NOV. 30, 1909 — Con.						FURNISHING AND EQUIPPING.	
	BUILDINGS FOR FARM, STABLE AND GROUNDS.		ALL OTHER BUILDINGS.		TOTAL BUILDINGS.		FOR PATIENTS.	
	New and Additions.	Repairs.	New and Additions.	Repairs.	New and Additions.	Repairs.	First Furnishing and Equipping.	Repairs and Renewals.
The insane: —								
State hospitals: —								
Worcester,	—	—	—	—	\$57,080 54	\$1,225 72	—	—
Taunton,	—	—	—	—	—	—	—	—
Northampton,	\$541 24	—	\$7 08	—	548 32	—	—	—
Danvers,	—	—	—	—	29,504 23	—	—	—
Westborough,	1,056 61	—	1,569 90	—	5,490 92	—	—	—
Boston,	—	—	—	—	—	—	—	—
Totals,	\$1,597 85	—	\$1,576 98	—	\$92,624 01	\$1,225 72	—	—
State asylums: —								
Worcester,	\$500 00	—	\$300 00	—	\$47,765 78	—	—	—
Medfield,	—	—	—	—	—	—	—	—
Gardner Colony,	2,493 40	\$914 39	—	\$999 02	12,672 69	\$1,913 41	\$14 75	—
Totals,	\$2,993 40	\$914 39	\$300 00	\$999 02	\$60,438 47	\$1,913 41	\$14 75	—
Totals, hospitals and asylums,	4,591 25	914 39	1,876 98	399 02	155,062 48	3,139 13	14 75	—
Miscellaneous: —								
Monson Hospital,	\$637 64	—	—	—	\$31,395 92	—	\$334 72	—
Foxborough Hospital,	—	—	—	—	—	\$169 00	—	—
School for the Feeble-minded at Waltham,	—	—	—	—	19,049 10	4,127 67	500 00	—
Wrentham School,	—	—	\$45,651 29	—	99,370 59	1,723 55	332 00	—
Totals,	\$637 64	—	\$45,651 29	—	\$149,815 61	\$6,020 22	\$1,186 72	—
Totals, hospitals, asylums and miscellaneous,	5,228 89	\$914 39	47,928 27	\$999 02	302,878 69	9,159 35	1,201 47	—
Mental wards, State Infirmary,	—	—	—	—	—	—	—	—
Bridgewater Hospital,	—	—	\$360 11	—	\$4,134 77	—	—	—
Totals,	—	—	\$360 11	—	\$4,134 77	—	—	—
Aggregates,	\$5,228 89	\$914 39	47,888 38	\$999 02	\$9,159 35	\$9,159 35	\$1,201 47	—

SPECIAL APPROPRIATIONS.

TABLE VI. — *General Statement as to Special Appropriations — Continued.*

INSTITUTIONS.	FURNISHING AND EQUIPPING — Con.				FOR ALL OTHER PURPOSES.	
	FOR NURSES.		FOR FARM, STABLE AND GROUNDS.		First Furnishing and Equipping.	Repairs and Renewals.
	First Furnishing and Equipping.	Repairs and Renewals.	First Furnishing and Equipping.	Repairs and Renewals.		
The insane: —						
State hospitals: —						
Worcester,	—	—	—	—	—	—
Taunton,	—	—	—	—	—	—
Northampton,	—	—	—	—	—	—
Danvers,	\$3,477 66	—	—	—	—	—
Westborough,	—	—	—	—	—	—
Boston,	—	—	—	—	—	—
Totals,	\$3,477 66	—	—	—	—	—
State asylums: —						
Worcester,	—	—	—	—	—	—
Medfield,	—	—	—	—	—	—
Gardner Colony,	\$125 06	—	\$663 10	—	—	—
Totals,	\$125 06	—	\$663 10	—	—	—
Totals, hospitals and asylums,	3,602 72	—	663 10	—	—	—
Miscellaneous: —						
Monson Hospital,	\$69 00	—	—	—	—	\$659 92
Foxborough Hospital,	—	—	—	—	—	—
School for the Feeble-minded at Waltham,	—	—	—	—	—	—
Wrentham School,	182 00	—	—	—	—	—
Totals,	\$251 00	—	—	—	—	\$659 92
Totals, hospitals, asylums and miscellaneous,	3,853 72	—	\$663 10	—	—	—
Mental wards, State Infirmary,	—	—	—	—	—	—
Bridgewater Hospital,	—	—	—	—	\$1,639 70	—
Totals,	—	—	—	—	\$1,639 70	—
Aggregates,	\$3,853 72	—	\$663 10	—	\$1,639 70	\$659 92

TABLE VI. — *General Statement as to Special Appropriations* — Continued.

INSTITUTIONS.		FURNISHING AND EQUIPPING — Con.		EXPENDED DURING FISCAL YEAR ENDING NOV. 30, 1909.					
		TOTALS.		WATER SUPPLY, EXCLUSIVE OF PLUMBING IN BUILDINGS.		SEWERAGE, EXCLUSIVE OF PLUMBING IN BUILDINGS.		HEATING, EXCLUSIVE OF APPURTENANCES IN BUILDINGS.	
		First Furnishing and Equipping.	Repairs and Renewals.	Extension.	Repairs.	Extension.	Repairs.	Extension.	Repairs.
The insane: —									
State hospitals: —									
Worcester, . . . . .	.	—	—	—	—	—	—	—	—
Taunton, . . . . .	.	—	—	\$30 35	—	\$2,848 49	—	—	—
Northampton, . . . . .	.	—	—	9,636 84	—	—	—	—	—
Danvers, . . . . .	.	—	—	8,996 41	—	—	—	\$1 95	—
Westborough, . . . . .	.	\$3,477 66	—	—	—	—	—	—	—
Boston, . . . . .	.	—	—	—	—	—	—	—	—
Totals, . . . . .	.	\$3,477 66	—	\$18,723 60	—	\$2,848 49	—	\$1 95	—
State asylums: —									
Worcester, . . . . .	.	—	—	\$7,389 66	—	\$6,459 46	—	—	—
Medfield, . . . . .	.	—	—	2,325 35	—	4,444 20	—	\$5,180 99	—
Gardner Colony, . . . . .	.	\$802 91	—	11,632 94	—	—	—	—	—
Totals, . . . . .	.	\$802 91	—	\$21,347 95	—	\$10,403 66	—	\$5,180 99	—
Totals, hospitals and asylums, . . . . .	.	4,280 57	—	40,071 55	—	13,752 15	—	5,182 94	—
Miscellaneous: —									
Monson Hospital, . . . . .	.	\$403 72	\$659 92	—	—	\$1,040 35	—	—	\$350
Foxborough Hospital, . . . . .	.	—	—	\$1,327 73	—	—	—	—	—
School for the Feeble-minded at Waltham, . . . . .	.	500 00	—	—	—	—	—	—	—
Wrentham School, . . . . .	.	534 00	—	12,910 18	—	—	—	—	—
Totals, . . . . .	.	\$1,437 72	\$659 92	\$14,237 91	—	\$1,040 35	—	—	\$350
Totals, hospitals, asylums and miscellaneous, . . . . .	.	5,718 29	659 92	54,309 46	—	14,792 50	—	\$5,182 94	350
Mental wards, State Infirmary, . . . . .	.	—	—	—	—	—	—	—	—
Bridgewater Hospital, . . . . .	.	\$1,039 70	—	—	—	—	—	—	—
Totals, . . . . .	.	\$1,039 70	—	—	—	—	—	—	—
Aggregates, . . . . .	.	6,757 99	\$659 92	\$54,309 46	—	\$14,792 50	—	\$5,182 94	\$350

SPECIAL APPROPRIATIONS.

TABLE VI. — *General Statement as to Special Appropriations — (Concluded).*

INSTITUTIONS.	EXPENDED DURING FISCAL YEAR ENDING NOV. 30, 1909.—Con.				Total Expenditures to Date.	Balance at End of Current Fiscal Year.	Reverted Balances.
	TOTAL EXPENDITURES.						
	MISCELLANEOUS.	TOTAL EXPENDITURES.					
	Adding to Original Value.	Repairs and Renewals.	Adding to Original Value.	Repairs and Renewals.	Total Expenditures during Fiscal Year.		
The insane:—							
State hospitals:—							
Worcester,	—	—	\$57,080 54	—	\$57,080 54	\$2,114 90	—
Taunton,	—	\$262 50	2,848 49	\$1,488 22	4,336 71	5,125 79	\$0 01
Northampton,	\$110 85	1,478 70	689 52	1,478 70	2,168 22	1,402 61	—
Danvers,	—	—	9,696 84	—	9,696 84	15,000 00	—
Westborough,	183 81	—	42,164 06	—	42,164 06	90,776 38	—
Boston,	—	—	81,025 92	—	81,025 92	35,498 62	—
Totals,	\$294 66	\$1,741 20	\$193,505 37	\$2,966 92	\$196,472 29	\$18,974 08	\$0 01
State asylums:—							
Worcester,	\$5,588 01	—	\$70,402 91	—	\$70,402 91	\$55,497 72	\$10 92
Medfield,	—	—	11,959 54	—	11,959 54	9,751 86	—
Gardner Colony,	—	—	25,258 54	\$1,913 41	27,171 95	12,749 29	47 37
Totals,	\$5,588 01	—	\$107,611 99	\$1,913 41	\$109,525 40	\$77,998 87	\$58 29
Totals, hospitals and asylums,	5,882 67	\$1,741 20	\$301,117 36	4,880 33	\$305,997 69	\$641,114 87	58 30
Miscellaneous:—							
Moulton Hospital,	\$550 00	\$166 65	\$33,389 99	\$1,176 57	\$34,566 56	\$98,491 27	—
Foxborough Hospital,	125 09	—	1,452 82	169 00	1,621 82	13,135 61	—
School for the Feeble-minded at Waltham,	—	—	20,059 10	4,127 67	24,186 77	165,343 38	\$317 26
Wrentham School,	877 70	—	113,747 47	1,723 55	115,471 02	68,799 70	—
Totals,	\$1,552 79	\$166 65	\$168,649 38	\$7,196 79	\$175,846 17	\$185,365 94	\$317 26
Totals, hospitals, asylums and miscellaneous,	7,435 46	1,907 85	\$469,766 74	12,077 12	\$481,843 86	\$26,480 81	\$75 56
Mental wards, State Infirmary,	—	—	—	—	—	—	—
Bridgewater Hospital,	—	—	\$5,174 47	—	\$5,174 47	\$93,325 60	—
Totals,	—	—	\$5,174 47	—	\$5,174 47	\$93,325 60	—
Aggregates,	\$7,435 46	\$1,907 85	\$474,941 21	\$12,077 12	\$487,018 33	\$93,325 60	\$375 56

WEEKLY PER CAPITA COST OF MAINTENANCE.

TABLE VII. — *Weekly Per Capita Cost of Maintenance in State Institutions for Year ending Nov. 30, 1909.*

INSTITUTIONS.	PRIVATE.			PUBLIC.		
	Average Number of Patients.	RATE OF BOARD.		Average Number of Patients.	NET EXPENSES LESS RECEIPTS FOR SUPPORT OF PRIVATE PATIENTS.	
		1909.	Three Years' Average, 1906-1908.		1909.	Three Years' Average, 1906-1908.
The Insane:—						
State hospitals:—						
Worcester,	161	\$ 5 23	\$ 5 33	1,080	\$ 4 43	\$ 4 52
Taunton,	160	4 45	4 61	872	4 68	4 63
Northampton,	113	5 27	5 36	745	3 63	3 73
Danvers,	134	5 91	5 63	1,307	3 67	4 23
Westborough,	190	5 61	5 76	782	4 71	4 60
Boston,	92	3 25	—	675	4 99	—
Totals and averages,	790	\$ 5 11	\$ 5 56 ¹	5,461	\$ 4 29	\$ 4 38 ¹
State asylums:—						
Worcester,	—	—	—	1,081	\$ 4 51	\$ 3 91
Medfield,	—	—	—	1,595	3 68	3 75
Gardner Colony,	—	—	—	559	3 59	3 55
Totals and averages,	—	\$ 5 11	\$ 5 56 ¹	3,235	\$ 3 94	\$ 3 76
Miscellaneous:—	790			8,636	4 16	4 30 ¹
Totals and averages, hospitals and asylums,						
Monson Hospital,	29	\$ 5 76	\$ 5 06	675	\$ 4 30	\$ 4 64
Foxborough Hospital,	4	4 49	5 39	303	5 74	6 47
School for the Feeble-minded at Waltham,	88	5 14	4 30	1,193	3 74	3 77
Wrentham School,	—	—	—	44	9 42	—
Totals and averages,	121	\$ 5 27	—	2,215	\$ 4 30	—
Totals and averages, hospitals, asylums and miscellaneous,	911	5 13	—	10,911	4 19	—
Mental wards, State Infirmary,	—	—	—	689	\$ 3 62	—
Bridgewater Hospital,	—	—	—	637	2 52	—
Totals,	—	\$ 5 13	—	1,326	\$ 3 09	—
Aggregates,	911			12,237	4 07	—

¹ Exclusive of Boston State Hospital.

WEEKLY PER CAPITA COST OF MAINTENANCE.

TABLE VII.—Weekly Per Capita Cost of Maintenance in State Institutions for Year ending Nov. 30, 1909—Concluded.

INSTITUTIONS.	PUBLIC AND PRIVATE.			REPAIRS AND IMPROVEMENTS (INCLUSIVE OF LABOR).	
	Average Number of Patients.	Gross Expenses.	NET EXPENSES.		Three Years' Average, 1906-1908.
			1909.	1909.	
The insane:—					
State hospitals:—					
Worcester,	1,241	\$4 60	\$4 54	\$0 54	\$0 47
Taunton,	972	4 68	4 66	31	23
Northampton,	858	3 89	3 84	28	33
Danvers,	1,441	3 92	3 88	59	51
Westborough,	972	4 94	4 88	40	31
Boston,	767	4 81	4 78	32	—
Totals and averages,	6,251	\$4 44	\$4 39	\$0 43	\$0 39 ¹
State asylums:—					
Worcester,	1,081	\$4 53	\$4 51	\$0 46	\$0 46
Medfield,	1,595	3 71	3 68	28	35
Gardner Colony,	559	3 61	3 59	42	32
Totals and averages,	3,235	\$3 97	\$3 94	\$0 36	\$0 37
Totals and averages, hospitals and asylums,	9,486	4 28	4 24	41	39 ¹
Miscellaneous:—					
Monson Hospital,	704	\$4 40	\$4 36	\$0 37	\$0 40
Foxborough Hospital,	307	5 86	5 73	62	49
School for the Feeble-minded at Waltham,	1,281	3 86	3 84	36	39
Wrentham School,	44	9 45	9 42	75	—
Totals and averages,	2,336	\$4 39	\$4 35	\$0 40	—
Totals and averages, hospitals, asylums and miscellaneons,	11,822	4 30	4 26	41	—
Mental wards, State Infirmary,	689	\$3 64	\$3 62	\$0 45	—
Bridgewater Hospital,	637	2 55	2 52	19	—
Totals and averages,	1,326	\$3 12	\$3 09	\$0 33	—
Aggregates,	13,148	4 18	4 14	40	—

¹ Exclusive of Boston State Hospital.

¹ Exclusive of Boston State Hospital.

TABLE VII. — Weekly Per Capita Cost of Maintenance in State Institutions for Year ending Nov. 30, 1909 — Concluded.

COMPARATIVE ANALYSIS OF PAY ROLL.

TABLE VIII. — Comparative Analysis of Pay Roll, by Departments.

INSTITUTIONS.	MEDICAL SERVICE.				WARD SERVICE.			
	AVERAGE NUMBER PERSONS.		AVERAGE MONTHLY COMPENSATION.		AVERAGE WEEKLY PER CAPITA COST.		AVERAGE NUMBER PERSONS, MALES.	
	Full Roster.	In Service, 1909.	Average Three Years, 1906-8.	Average 1909.	Average Three Years, 1906-8.	Full Roster Males.	In Service, 1909.	Average Three Years, 1906-8.
The insane:—								
State hospitals:—								
Worcester,	16	11.02	12.06	\$84.06	\$0.1722	80	60.83	55.21
Taunton,	12	12.33	10.97	72.63	0.2126	60	58.56	52.59
Northampton,	6	5.80	5.75	116.18	0.1803	45	35.42	31.89
Danvers,	14	13.39	13.33	78.66	0.1687	62	55.46	58.26
Westborough,	12	12.06	11.08	92.22	0.2641	63	57.28	44.43
Boston,	8	7.50	—	94.76	0.2138	37	32.39	—
Totals and averages,	68	62.10	53.19 ¹	\$86.45	\$0.1982	347	299.94	242.38 ¹
State asylums:—								
Worcester,	9	8.73	7.04	\$80.35	\$0.1498	61	57.02	37.50
Medfield,	7	6.19	6.65	109.21	0.0978	61	61.16	49.44
Gardner Colony,	3	3.00	2.58	124.90	0.1547	35	30.51	24.23
Totals and averages,	19	17.92	16.27	\$97.78	\$0.1250	157	148.69	111.17
Totals and averages, hospitals and asylums,	87	80.02	69.46 ¹	88.98	0.1732	504	448.63	353.55 ¹
Miscellaneous:—								
Monson Hospital,	6	5.52	4.76	\$113.80	\$0.2059	43	42.37	37.14
Foxborough Hospital,	4	4.00	4.57	105.02	0.3176	22	20.60	20.51
School for the Feeble-minded at Waltham,	5	4.35	4.66	122.23	0.1090	25	24.33	25.31
Wrentham School,	1	1.00	—	208.33	1.0926	1	0.95	—
Totals and averages,	16	15.47	—	\$120.50	\$0.1841	91	88.25	—
Totals and averages, hospitals, asylums and miscellaneous,	103	95.49	—	94.09	0.1754	595	536.88	—

¹ Exclusive of Boston State Hospital.

COMPARATIVE ANALYSIS OF PAY ROLL.

TABLE VIII. — *Comparative Analysis of Pay Roll, by Departments* — Continued.

INSTITUTIONS.	WARD SERVICE — Con.									
	AVERAGE NUMBER PERSONS, FEMALES.		Full Roster Totals.		AVERAGE NUMBER PERSONS, TOTALS.		NUMBER OF PATIENTS TO ONE NURSE.			
	In Service, 1909.	Average Three Years, 1906-8.			In Service, 1909.	Average Three Years, 1906-8.	MALES.		FEMALES.	
							1909.	Average Three Years, 1906-8.	1909.	Average Three Years, 1906-8.
The Insane:—										
State hospitals:—										
Worcester,	73.73	70.08	160		134.56	125.29	10.44	10.59	8.22	8.29
Taunton,	68.82	62.39	128		127.38	114.98	9.12	9.55	6.36	7.66
Northampton,	33.09	38.10	95		68.51	69.99	12.45	12.29	12.60	10.22
Danvers,	71.86	69.90	137		127.32	128.16	11.09	9.77	11.49	10.34
Westborough,	94.84	75.26	163		152.12	119.69	6.42	8.23	6.37	7.30
Boston,	59.47	—	102		91.86	—	9.82	—	7.55	—
Totals and averages,	401.81	315.73 ¹	785		701.75	558.11 ¹	9.70	9.95 ¹	8.31	8.49 ¹
State asylums:—										
Worcester,	58.43	38.57	124		115.45	76.07	8.79	11.48	9.93	12.12
Medfield,	104.52	95.34	168		165.68	144.78	10.43	11.09	9.16	9.92
Gardner Colony,	15.69	10.61	51		46.20	34.84	12.09	12.25	12.11	13.59
Totals and averages,	178.64	144.52	343		327.33	255.69	10.14	11.42	9.67	10.77
Totals and averages, hospitals and asylums,	580.45	460.25 ¹	1,128		1,029.08	813.80 ¹	9.85	10.41 ¹	8.73	9.20 ¹
Miscellaneous:—										
Monson Hospital,	34.84	32.68	78		77.21	69.82	8.90	8.39	9.38	8.25
Foxborough Hospital,	—	—	22		20.60	20.31	14.90	12.24	—	—
School for the Feeble-minded at Waltham,	123.35	118.50	153		148.28	143.81	12.37	—	7.91	—
Wrentham School,	2.67	—	4		3.62	—	11.58	—	12.36	—
Totals and averages,	161.46	—	257		249.71	—	11.29	—	8.30	—
Totals and averages, hospitals, asylums and miscellaneous,	741.91	—	1,385		1,278.79	—	10.09	—	8.63	—

¹ Exclusive of Boston State Hospital.

TABLE VIII. — Comparative Analysis of Pay Roll, by Departments — Continued.

INSTITUTIONS.	WARD SERVICE — Con.									
	AVERAGE MONTHLY COMPENSATION.					AVERAGE WEEKLY PER CAPITA COST.		GENERAL ADMINISTRATION.		
	MALES.		FEMALES.		TOTALS.	Average Three Years, 1906-8.	1909.	Full Roster.	AVERAGE NUMBER PERSONS.	
	1909.	Average Three Years, 1906-8.	1909.	Average Three Years, 1906-8.					In Service, 1909.	Average Three Years, 1906-8.
The insane:—										
State Hospitals:—										
Worcester,	\$26 97	\$25 80	\$22 66	\$20 19	\$24 61	\$22 69	\$0.6159	80	66.75	68.71
Taunton,	29 72	27 33	24 81	22 02	27 07	24 45	0.8186	82	78.56	76.66
Northampton,	28 19	27 84	25 50	21 98	26 88	24 64	0.4956	43	41.59	39.72
Danvers,	28 21	27 07	23 90	21 64	25 78	24 11	0.5256	70	65.17	61.61
Westborough,	28 57	26 62	22 78	19 60	24 96	22 21	0.9014	91	81.23	75.97
Boston,	27 58	—	24 24	—	25 42	—	0.7025	51	49.54	—
Totals and averages,	\$28 26	\$26 88 ¹	\$23 75	\$20 95 ¹	\$25 67	\$23 53 ¹	\$0.6651	417	382.84	322.67 ¹
State asylums:—										
Worcester,	\$26 21	\$25 72	\$22 25	\$19 53	\$24 21	\$22 91	\$0.5366	69	75.39	54.43
Medfield,	30 46	28 56	25 38	22 49	27 26	24 56	0.6334	127	117.43	107.62
Gardner Colony,	27 53	25 09	21 55	20 51	25 50	23 70	0.4863	35	34.76	27.60
Totals and averages, hospitals and asylums,	\$28 23	\$26 89	\$24 02	\$21 54	\$25 93	\$23 86	\$0.6056	231	227.58	189.65
Miscellaneous:—										
Monson Hospital,	28 24	26 88 ¹	23 83	21 14	25 76	23 63 ¹	0.6448	648	610.42	512.32 ¹
Foxborough Hospital,	\$29 98	\$28 62	\$27 36	\$21 84	\$28 80	\$25 40	\$0.7288	49	47.97	45.27
School for the Feeble-minded at Waltham,	30 95	29 39	24 56	—	30 95	30 00	0.4798	42	36.98	23.65
Wrentham School,	31 03	28 63	23 01	23 17	25 62	24 14	0.6845	51	54.83	48.57
Totals and averages, hospitals, asylums and miscellaneous,	28 94	—	23 01	—	24 56	—	0.4664	4	4.18	—
Totals and averages, hospitals, asylums and miscellaneous,	\$30 50	—	\$25 14	—	\$27 03	—	\$0.6669	146	143.96	—
	28 61	—	24 12	—	26 00	—	0.6492	794	754.38	—

¹ Exclusive of Boston State Hospital.

COMPARATIVE ANALYSIS OF PAY ROLL.

TABLE VIII. — *Comparative Analysis of Pay Roll, by Departments — Continued.*

INSTITUTIONS.	GENERAL ADMINISTRATION — Col.				REPAIRS AND IMPROVEMENTS.			
	AVERAGE MONTHLY COMPENSATION.		AVERAGE WEEKLY PER CAPITA COST.		AVERAGE NUMBER PERSONS.		AVERAGE MONTHLY COMPENSATION.	
	1909.	Average Three Years, 1906-S.	1909.	Average Three Years, 1906-S.	Full Roster.	In Service, 1909.	Average Three Years, 1906-S.	1909.
The insane: —								
State hospitals: —								
Worcester,	\$33 58	\$30 04	\$0.4168	\$0.4100	16	13.85	13.24	\$0.2204
Taunton,	32 80	28 39	0.6118	0.5369	7	7.73	.61	0.0114
Northampton,	34 45	33 49	0.3854	0.3926	8	7.25	7.83	0.1436
Danvers,	39 49	36 47	0.4122	0.4015	30	16.62	14.81	0.1281
Westborough,	35 91	32 24	0.6926	0.6193	8	5.88	4.47	0.1840
Boston,	46 08	—	0.6869	—	6	4.88	—	0.1256
Totals and averages,	\$36 63	\$31 80 ¹	\$0.5178	\$0.4659 ¹	75	56.21	40.96 ¹	0.0852
State asylums: —								
Worcester,	\$31 70	\$33 29	\$0.5102	\$0.4562	18	15.22	12.08	\$0.1611
Medford,	31 23	29 03	0.5306	0.4859	15	13.36	14.55	\$0.2610
Gardner Colony,	33 12	30 85	0.4753	0.4582	7	4.75	1.79	0.1427
Totals and averages,	\$31 67	\$30 28	\$0.5142	\$0.4703	40	33.33	28.42	0.1398
Totals and averages, hospitals and asylums,	34 78	31 24 ¹	0.5166	0.4676 ¹	115	89.54	69.38 ¹	\$0.1817
Miscellaneous: —								
Monson Hospital,	\$33 52	\$28 22	\$0.5270	\$0.5097	6	4.85	3.85	\$0.1625
Foxborough Hospital,	32 26	32 09	0.8967	0.7017	9	3.79	.80	0.1479 ¹
School for the Feeble-minded at Waltham,	33 55	30 33	0.3314	0.2576	8	6.77	8.19	\$0.1236
Wrentham School,	31 69	—	0.6948	—	1	.99	—	0.0694
Totals and averages,	\$33 15	—	\$0.4715	—	24	16.40	—	0.0197
Totals and averages, hospitals, asylums and miscellaneous,	34 47	—	0.5076	—	139	105.94	—	0.1265
								0.5097
								\$0.1249
								0.1596

¹ Exclusive of Boston State Hospital.

COMPARATIVE ANALYSIS OF PAY ROLL.

TABLE VIII. — Comparative Analysis of Pay Roll, by Departments — Continued.

INSTITUTIONS.	FARM, STABLE AND GROUNDS.						ALL PERSONS EMPLOYED.			
	Full Roster.	AVERAGE NUMBER OF PERSONS.		AVERAGE MONTHLY COMPENSATION.		AVERAGE WEEKLY PER CAPITA COST.		Full Roster.	AVERAGE NUMBER PERSONS.	
		In Service, 1909.	Average Three Years, 1906-8.	1909.	Average Three Years, 1906-8.	1909.	Average Three Years, 1906-8.		In Service, 1909.	Average Three Years, 1906-8.
The insane:—										
State hospitals:—										
Worcester,	45	43.92	39.04	\$29.02	\$29.27	\$0.2370	\$0.2274	317	270.10	238.34
Taunton,	17	16.67	19.22	39.76	35.93	0.1574	0.1637	246	242.67	222.44
Northampton,	21	18.84	20.19	39.61	38.80	0.2007	0.2316	173	141.99	143.48
Danvers,	29	28.71	28.38	38.03	38.89	0.1748	0.1967	280	251.21	246.29
Westborough,	29	27.58	27.51	32.00	31.52	0.2005	0.2187	303	278.87	238.72
Boston,	22	20.38	—	33.33	—	0.2044	—	189	174.16	—
Totals and averages,	163	156.10	134.34 ¹	\$34.19	\$34.14 ¹	\$0.1970	\$0.2081 ¹	1,508	1,359.00	1,109.27 ¹
State asylums:—										
Worcester,	40	40.98	28.78	\$30.54	\$30.45	\$0.2672	\$0.2194	260	255.77	178.40
Medfield,	35	34.48	32.98	30.44	28.59	0.1518	0.1466	352	337.14	306.58
Gardner Colony,	5	5.23	5.99	49.29	40.89	0.1064	0.1330	101	98.94	72.80
Totals and averages,	80	80.69	67.75	\$31.71	\$30.37	\$0.1825	\$0.1678	713	686.85	557.78
Totals and averages, hospitals and asylums,	243	236.79	202.09 ¹	33.35	32.88 ¹	0.1921	0.1838 ¹	2,221	2,045.85	1,667.05 ¹
Miscellaneous:—										
Monson Hospital,	23	23.03	18.21	\$38.39	\$33.27	\$0.2898	\$0.2404	162	158.58	141.91
Foxborough Hospital,	10	9.38	7.29	30.61	28.77	0.2158	0.1951	87	74.75	56.82
School for the Feeble-minded at Waltham,	27	29.14	25.44	33.10	31.40	0.1738	0.1514	244	243.97	230.67
Wrentham School,	4	3.61	—	30.56	—	0.5786	—	14	13.40	—
Totals and averages,	64	65.16	—	\$34.47	—	\$0.2219	—	507	490.70	—
Totals and averages, hospitals, asylums and miscellaneous,	307	301.95	—	33.59	—	0.1980	—	2,728	2,536.55	—

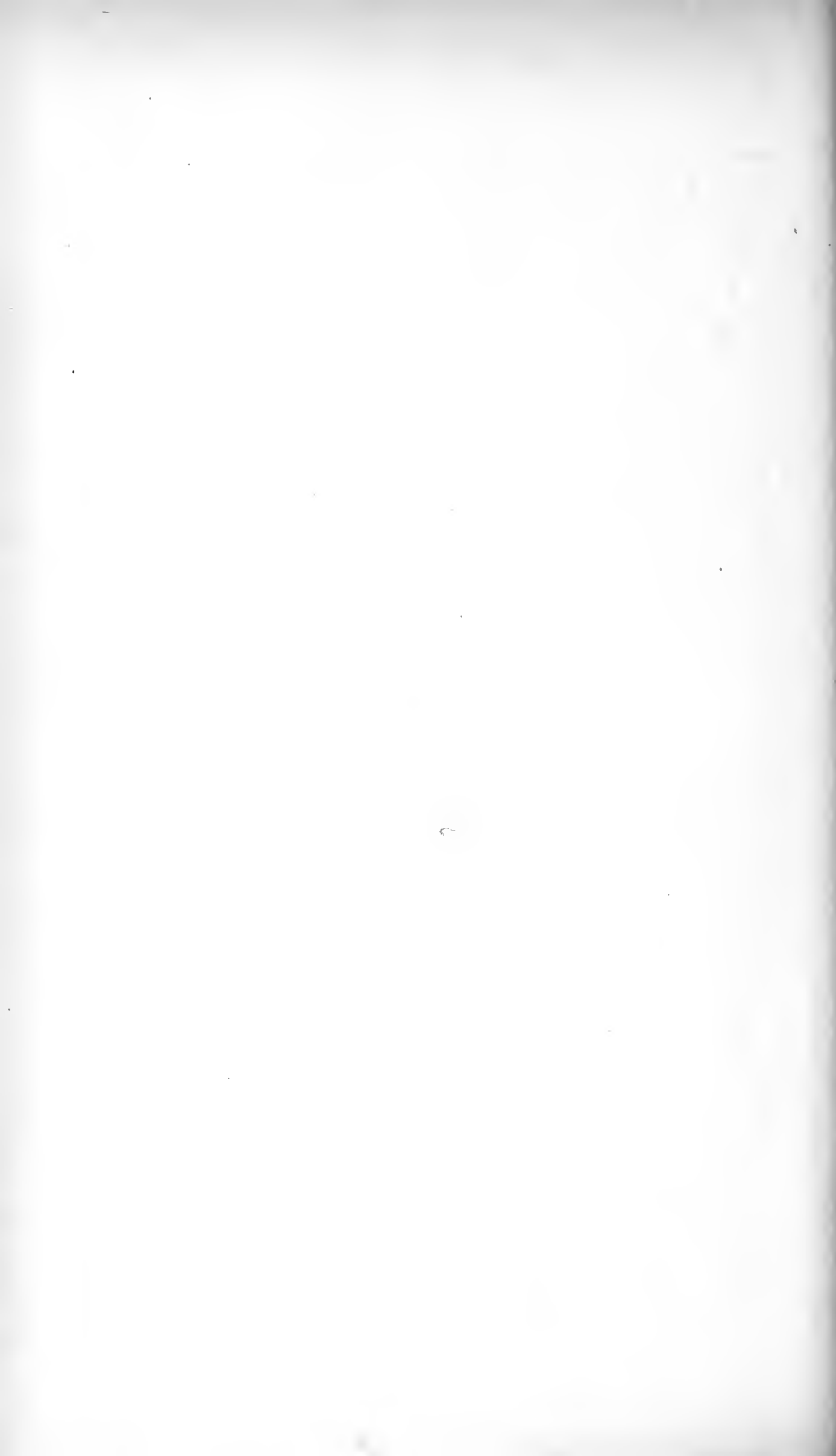
¹ Exclusive of Boston State Hospital.

COMPARATIVE ANALYSIS OF PAY ROLL.

TABLE VIII. — *Comparative Analysis of Pay Roll, by Departments — Concluded.*

	ALL PERSONS EMPLOYED — CON.				EXTRA SERVICE.	
	NUMBER OF PERSONS TO ONE EMPLOYEE.		AVERAGE MONTHLY COMPENSATION.		COST OF LABOR NOT ON PAY ROLL.	
	1909.	Average Three Years, 1906-8.	1909.	Average Three Years, 1906-8.	1909.	Average Three Years, 1906-8.
INSTITUTIONS.						
The insane: —						
State hospitals: —						
Worcester,	4.59	4.55	\$33 28	\$31 57	—	\$132 47
Taunton,	4.00	4.34	33 76	29 68	\$992 59	5,302 02
Northampton,	6.04	5.57	36 40	34 32	308 85	1,804 37
Danvers,	5.74	5.22	36 75	34 71	1,147 78	1,442 88
Westborough,	3.48	3.94	33 13	30 75	—	417 03
Boston,	4.40	—	36 12	—	3,101 75	—
Totals and averages,	4.60	4.59 ¹	\$34 66	\$32 07 ¹	\$5,550 97	\$9,098 76 ¹
State asylums: —						
Worcester,	4.23	5.02	\$32 69	\$32 58	—	\$1,893 36
Medfield,	4.73	5.18	32 31	30 42	\$93 76	105 55
Gardner Colony,	5.95	3.99	35 13	33 11	531 60	547 12
Totals and averages,	4.71	5.06	\$32 84	\$31 45	\$625 36	\$2,546 03
Totals and averages, hospitals and asylums,	4.64	4.71 ¹	34 05	31 86 ¹	6,176 33	11,644 79 ¹
Miscellaneous: —						
Monson Hospital,	4.44	3.94	\$36 07	\$31 41	\$177 24	\$2,489 97
Foxborough Hospital,	4.11	4.39	35 17	37 22	1,318 82	1,981 26
School for the Feeble-minded at Waltham,	5.25	5.07	32 43	30 80	4,304 73	2,916 21
Wrentham School,	3.28	—	47 55	—	427 24	—
Totals and averages,	4.76	—	\$34 44	—	\$6,228 03	—
Totals and averages, hospitals, asylums and miscellaneous,	4.66	—	34 13	—	12,404 36	—

¹ Exclusive of Boston State Hospital.



GENERAL STATISTICS.

CLASSES OF PERSONS UNDER SUPERVISION.

TABLE IX. — *Classes of Persons under Supervision, their Number and Location, Oct. 1, 1909, and their Increase for the Year.*

	NUMBER.		INCREASE FOR THE YEAR.		NON-RESIDENT.		EPILEPTIC.		CRIMINAL.		OTHER CLASSES.						TOTAL INMATES.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	VOLUNTARY.			Males.	Females.	Totals.	Inebriates.
													MENTAL.		NON-MENTAL.				
													Males.	Females.	Males.	Females.	Males.		
A. — Insane: —																			
Public Institutions: —																			
Worcester Hospital,	658	616	1,274	52	12	64	34	16	50	6	17	23	—	—	—	11	11	658	627
Taunton Hospital,	536	454	990	42	50	92	27	5	32	4	6	10	—	—	—	4	4	536	459
Northampton Hospital,	454	431	885	24	35	59	19	12	31	2	9	11	—	—	—	—	—	454	434
Danvers Hospital,	586	834	1,420	10 ²	51	41	12	14	26	8	6	14	—	—	—	3	3	586	838
Westborough Hospital,	375	593	968	39	44	83	9	14	23	—	—	—	—	—	—	12	12	375	615
Boston Hospital,	332	458	790	4	25 ²	24 ²	11	14	25	—	—	—	—	—	—	—	—	332	458
Mental wards, State Infirmary,	196	508	704	14	29	43	16	20	36	—	—	—	—	—	—	—	—	196	508
Worcester Asylum,	544	584	1,128	56	37	93	83	38	121	8	11	19	—	—	—	—	—	544	584
Medfield Asylum,	635	942	1,577	16	8 ²	24	36	34	70	7	10	17	—	—	—	—	—	635	942
Gardner Colony,	388	194	582	23	17	40	19	19	38	—	—	—	—	—	—	—	—	388	194
Monson Hospital,	165	164	329	34	13	21 ²	165	164	329	—	—	—	—	—	—	—	—	165	164
Bridgewater Hospital,	634	—	634	24	—	24	19	—	19	613	—	613	—	—	—	—	—	634	—
Foxborough Hospital,	209	—	209	3 ²	—	3 ²	—	—	—	—	—	—	—	—	—	—	—	209	—
Totals, .	5,712	5,778	11,490	247	252	499	439	330	769	646	48	694	204	178	382	92	30	6,008	5,986
Family care, .	10	231	241	1 ²	2 ²	3 ²	—	1	1	—	—	—	—	—	—	—	—	10	231
Totals, public, .	5,722	6,009	11,731	246	250	496	439	331	770	646	48	694	204	178	382	92	30	6,018	6,217
Private Institutions: —																			
McLean Hospital, .	93	125	218	2 ²	3	5	—	1	1	—	—	—	—	—	—	—	—	93	126
Smaller Institutions,	20	83	103	—	11	11	2	2	4	—	—	—	2	9	11	4	4	34	141
Totals, private, .	113	208	321	2 ²	14	12	2	3	5	—	—	—	—	—	—	—	—	127	267
Totals, public and private, .	5,835	6,217	12,052	248	264	508	441	334	775	646	48	694	206	188	394	96	30	6,145	6,484

¹ Includes 8 women placed in family care by trustees.² Decrease.

CLASSES OF PERSONS UNDER SUPERVISION.

TABLE IX. — *Classes of Persons under Supervision, etc. — Concluded.*

	NUMBER.		INCREASE FOR THE YEAR.		NON-RESIDENT.		EPILEPTIC.		SCHOOL.		CUSTODIAL.		OTHER CLASSES.		TOTAL INMATES.	
	Males	Females	Totals		Males	Females	Totals		Males	Females	Totals		Males	Females	Totals	
B. — Feeble-minded: —																
School for the Feeble-minded at Waltham,	814	587	1,401	70	48	118	71	—	437	234	671	377	353	730	814	587
Wrentham School,	42	—	42	71	—	71	—	—	20	—	20	22	—	22	42	—
Hospital Cottages for Children,	5	10	15	21	1	1	2	—	1	5	6	4	5	9	73	57
Dr. Brown's Institution,	45	13	58	2	2	2	4	—	18	8	26	27	5	32	45	13
Alms-houses, ²	120	96	216	14	9	23	—	—	—	—	—	—	—	—	120	96
Totals, feeble-minded,	1,026	706	1,732	77	56	133	83	—	476	247	723	430	363	793	1,094	753
C. — Inebriates: —																
Foxborough Hospital,	92	—	92	5	—	5	—	—	—	—	—	—	—	—	—	—
Insane hospitals,	—	30	30	2	—	6	—	—	—	—	—	—	—	—	—	—
Private institutions,	4	—	4	2	—	2	—	—	—	—	—	—	—	—	—	—
Totals, inebriates,	96	30	126	7	4	11	—	—	—	—	—	—	—	—	—	—
D. — Epileptics: —																
Monson Hospital,	368	327	695	13 ¹	21	8	—	—	—	—	—	—	—	—	—	—
State hospitals,	118	73	191	11	2	13	—	—	—	—	—	—	—	—	—	—
State asylums,	157	93	250	30	2	32	—	—	—	—	—	—	—	—	—	—
School for the Feeble-minded at Waltham,	21	9	30	14	—	14	—	—	—	—	—	—	—	—	—	—
Hospital Cottages for Children,	58	36	94	4	4	8	—	—	—	—	—	—	—	—	—	—
Family care,	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Private institutions,	6	8	14	—	2	2	—	—	—	—	—	—	—	—	—	—
Totals, epileptics,	728	547	1,275	46	31	77	—	—	—	—	—	—	—	—	—	—
Whole number of persons under supervision,	7,239	7,237	14,476	344	332	676	—	—	—	—	—	—	—	—	—	—
Viz.: Insane, feeble-minded, epileptic and inebriate,	7,219	7,155	14,374	354	338	692	—	—	—	—	—	—	—	—	—	—
Voluntary mental patients (same),	2	25	27	51	—	51	—	—	—	—	—	—	—	—	—	—
Other classes,	18	57	75	51	61	111	—	—	—	—	—	—	—	—	—	—

² Figures taken from reports of Overseers of Poor, March 31, 1909.

¹ Decrease.

TABLE X. — Admissions, Discharges, etc., of the Insane in Institutions and boarded in Private Families for the Year ending Sept. 30, 1909.

	Worcester Hospital.	Taunton Hospital.	Northampton Hospital.	Danvers Hospital.	Westborough Hospital.	Boston Hospital.	Mental Wards, State Infirmary.	Worcester Asylum.	Medfield Asylum.	Gardner Colony.
Remaining Sept. 30, 1908,	1,210	898	826	1,379	885	814	661	1,035	1,569	542
Men,	606	494	430	596	336	328	182	488	619	365
Women,	604	404	396	783	549	486	479	547	950	177
Admitted within the year,	573	545	317	712	636	448	226	175	111	99
Men,	291	284	152	366	260	182	95	101	50	69
Women,	282	261	165	346	376	266	131	74	61	30
By commitment,	481	461	282	658	477	334	78	-	-	-
Men,	249	244	138	343	200	146	44	-	-	-
Women,	232	217	144	315	277	188	34	-	-	-
By transfer,	13	13	5	20	35	10	125	166	106	95
From visit,	3	2	3	5	26	19	3	-	-	-
From escape,	1	-	3	2	3	-	1	-	-	-
Nominally for discharge,	75	69	24	27	95	85	19	9	4	2
Whole number of cases within the year,	1,783	1,443	1,143	2,091	1,521	1,262	887	1,210	1,680	641
Dismissed within the year,	509	453	258	671	553	472	183	82	103	59
Men,	239	242	128	376	231	178	81	45	34	46
Women,	270	211	130	295	322	294	102	37	69	13
Viz.: Discharged,	189	171	112	226	222	183	43	17	14	6
Men,	92	80	62	104	85	60	24	8	6	6
Women,	97	91	50	122	137	123	19	9	8	-
Recovered,	49	53	36	48	87	54	4	1	3	-
Men,	20	24	24	25	31	9	3	1	1	-
Women,	29	29	12	23	56	45	1	-	2	-
Capable of self-support,	50	25	28	85	30	21	4	8	2	2
Improved,	27	57	34	52	40	72	17	4	1	4
Not improved,	60	34	14	38	64	36	18	4	8	-
Not insane,	3	2	-	3	1	-	-	-	-	-

ADMISSIONS, DISCHARGES, ETC.

Died,	172	115	73	191	95	132	96	53	79	16
Men,	96	68	46	101	61	59	59	29	25	12
Women,	76	47	27	90	34	73	56	24	54	4
Transferred,	78	86	27	185	85	90	5	3	3	25
On visit Sept. 30, 1909,	60	78	40	51	145	63	16	5	4	2
On escape Sept. 30, 1909,	10	3	6	18	6	4	8	2	3	10
Remaining Sept. 30, 1909,	1,274	990	885	1,420	968	790	704	1,128	1,577	582
Men,	658	536	454	886	375	332	196	544	635	388
Women,	616	454	431	884	593	458	508	584	942	194
Supported by the State,	1,013	809	675	1,128	690	676	699	1,108	1,533	575
Reimbursing,	104	77	94	156	80	25	5	25	44	7
Private,	167	104	116	136	198	89	-	-	-	-
Daily average number,	1,221.19	962.26	848.41	1,432.27	931.32	769.85	681.25	1,062.57	1,595.88	552.64
State,	957.17	792.85	650.40	1,165.26	689.99	633.36	672.43	1,031.34	1,543.05	543.26
Reimbursing,	102.87	69.45	86.01	134.80	69.40	38.26	8.82	31.23	52.83	9.38
Private,	161.35	99.96	112.00	132.21	171.93	98.23	-	-	-	-
Persons first admitted to any insane hospital,	383	353	233	534	365	274	73	-	-	-
Men,	202	196	114	288	153	123	41	-	-	-
Women,	181	157	119	246	212	151	32	-	-	-
Recent (insane less than one year),	184	136	113	311	196	160	13	-	-	-
Chronic (insane one year or more),	170	162	114	204	132	106	17	-	-	-
Unknown,	23	55	6	19	37	8	41	-	-	-
Persons admitted by commitment,	480	448	282	652	472	331	78	-	-	-
Viz.: From cities and large towns,	381	310	138	606	321	328	73	-	-	-
From country districts,	99	138	144	46	151	3	5	-	-	-
Whole number of persons within the year,	1,707	1,255	1,116	2,051	1,403	1,172	867	1,200	1,676	639
Whole number of persons admitted within the year,	500	456	293	679	536	360	207	166	106	97
Whole number of persons dismissed within the year,	437	380	233	642	465	386	163	73	99	57

ADMISSIONS, DISCHARGES, ETC.

TABLE X. — Admissions, Discharges, etc., of the Insane in Institutions and boarded in Private Families for the Year ending Sept. 30, 1909 — Concluded.

	Monson Hospital.	Bridgewater Hospital.	Foxborough Hospital.	Total Public Institutions.	Family Care.	Total Public.	McLean Hospital.	Smaller Institutions.	Total Private.	Total Public and Private.
Remaining Sept. 30, 1908,										
Men,	350	610	212	10,991	244	11,235	217	92	309	11,544
Women,	199	610	212	5,465	11	5,476	95	20	115	5,591
	151	-	-	5,526	233	5,759	122	72	194	5,953
Admitted within the year,										
Men,	65	109	48	4,064	66	4,130	167	105	272	4,402
Women,	30	109	48	2,037	4	2,041	82	32	114	2,155
By commitment,	35			2,027	62	2,089	85	73	158	2,247
Men,	36	103	-	2,910	-	2,910	158	98	256	3,166
Women,	23	103	-	1,490	-	1,490	77	30	107	1,597
By transfer,	13	-	-	1,420	-	1,420	81	68	149	1,569
From visit,	18	-	41	647	59	706	4	5	9	715
From escape,	3	-	-	64	-	64	-	1	1	65
Nominally for discharge,	1	-	-	16	-	16	-	-	-	16
	7	6	5	427	7	434	5	1	6	440
Whole number of cases within the year,	415	719	260	15,055	310	15,365	384	197	581	15,946
Dismissed within the year,										
Men,	86	85	51	3,565	69	3,634	166	94	260	3,894
Women,	64	85	51	1,790	5	1,795	84	32	116	1,911
Viz.: Discharged,	22	-	-	1,790	64	1,839	82	62	144	1,983
Men,	9	54	10	1,256	14	1,270	107	73	180	1,450
Women,	6	54	10	597	2	599	49	21	70	669
Recovered,	3	-	-	659	12	671	58	52	110	781
Men,	-	15	-	350	-	350	28	21	49	399
Women,	-	15	-	157	-	157	9	6	15	172
Capable of self-support,	-	-	-	193	-	193	19	15	34	227
Improved,	-	9	1	265	7	272	22	3	25	297
Not improved,	9	8	9	330	7	337	32	28	60	397
Not insane,	-	20	-	300	-	300	25	20	45	345
	-	2	-	11	-	11	-	1	1	12

ADMISSIONS, DISCHARGES, ETC.

Died,	30	22	31	1,105	4	1,109	32	13	45	1,154
Men,	14	22	31	604	—	604	25	6	31	635
Women,	16	—	—	501	4	505	7	7	14	519
Transferred,	41	1	4	650	47	697	14	5	19	716
On visit Sept. 30, 1909,	5	8	5	482	4	486	13	1	14	500
On escape Sept. 30, 1909,	1	—	1	72	—	72	—	2	2	74
Remaining Sept. 30, 1909,	329	634	209	11,490	241	11,731	218	103	321	12,052
Men,	165	634	209	5,712	110	5,722	93	20	113	5,835
Women,	164	—	—	5,778	231	6,009	125	83	208	6,217
Supported by the State,	297	633	207	10,038	206	10,244	—	—	—	10,244
Reimbursing,	26	1	2	646	5	651	—	—	—	651
Private,	6	—	—	806	301	836	218	103	321	1,157
Daily average number,	351.92	626.00	217.19	11,252.75	234.53	11,487.28	215.23	99.15	314.38	11,801.66
State,	321.89	625.00	214.12	9,840.12	202.73	10,042.85	—	—	—	10,042.85
Reimbursing,	23.61	1.00	3.07	630.53	4.55	635.08	—	—	—	635.08
Private,	6.42	—	—	782.10	27.25	809.35	215.23	99.15	314.38	1,123.73
Persons first admitted to any insane hospital,	32	93	—	2,340	—	2,340	111	85	196	2,536
Men,	22	93	—	1,232	—	1,232	55	25	80	1,312
Women,	10	—	—	1,108	—	1,108	56	60	116	1,224
Recent (insane less than one year),	32	45	—	1,192	—	1,192	75	61	136	1,328
Chronic (insane one year or more),	—	46	—	951	—	951	36	24	60	1,011
Unknown,	—	2	—	197	—	197	—	—	—	197
Persons admitted by commitment,	36	103	—	2,874	—	2,874	154	97	249	3,111
Viz.: From cities and large towns,	32	90	—	2,272	—	2,272	114	69	138	2,446
From country districts,	4	13	—	602	—	602	40	28	66	665
Whole number of persons within the year,	402	713	255	13,953	296	14,158	371	193	557	14,678
Whole number of persons admitted within the year,	58	103	43	2,354	58	2,354	138	102	250	3,192
Whole number of persons dismissed within the year,	79	79	46	2,476	60	2,489	159	94	235	2,716

¹ Includes 17 self-supporting and 5 living with friends without public aid.

FORMS OF MENTAL DISEASE, ETC.

TABLE XI.—Forms of Mental Disease in Patients committed, discharged or who died, at Public Institutions for the Insane and McLean Hospital.

	COMMITMENTS.								DISCHARGES — RECOVERIES AND CAPABLE OF SELF-SUPPORT.								
	Worcester Hospital.	Taunton Hospital.	Northampton Hospital.	Danvers Hospital.	Westborough Hospital.	Boston Hospital.	McLean Hospital.	Other Institutions.	Total Commitments.	WORCESTER HOSPITAL.		TAUNTON HOSPITAL.		NORTHAMPTON HOSPITAL.		DANVERS HOSPITAL.	
										Recovered.	Capable of Self-support.	Recovered.	Capable of Self-support.	Recovered.	Capable of Self-support.	Recovered.	Capable of Self-support.
First admitted to any hospital: —																	
A. — Most curable: —																	
Acute hallucinosis.	1	39	43	50	61	65	50	4	1	17	10	12	3	11	4	9	8
Manic-depressive insanity.	38								350								1
Melancholia, acute.									3								1
Confusional insanity, acute.									2								1
Amentia.									10								1
Hysterical insanity.	1								8								1
Infection psychosis.		1							11								1
Neurasthenia.		1							8								1
Exhaustion psychosis.	1	2							130								1
Alcoholic insanity, acute.	22	16	16	43	19	5	1	8	9	1		16	3	16		12	5
Toxic insanity, acute.	3	4	4	1			1	3	12	1	1	1		1		2	3
Delirium, acute.	5	1	4	5					16	3	1	2		1		1	1
Delirium with somatic disease.									1								
Psychosis with somatic disease.																	
Compulsive insanity.																	
Total A.	71	64	63	110	91	78	53	22	552	32	12	32	6	28	4	27	22
B. — Less curable: —																	
Melancholia, chronic.																	
Involution psychosis.	13	16	14	3	17	15			78			1	1		1		1
Choreic insanity.	1			2					3								
Psychopathic inferiority.	17	5		15	2		4	6	49								7
Traumatic insanity.	2	2		3		2		1	9			2	2				1
Myxedematous insanity.									1								

FORMS OF MENTAL DISEASE, ETC.

Alcoholic insanity, chronic,	22	20	12	41	17	18	21	151	8	1	3	1	2	1	30
Toxic insanity, chronic,	.	1	1	1	3	3	—	6	—	1	—	1	—	—	—
Korsakov's psychosis,	.	3	—	2	2	—	1	9	—	—	—	—	—	—	—
Dementia precox,	98	70	43	124	87	29	5	513	6	4	5	2	8	1	12
Dementia secondary,	.	.	.	.	1	—	1	12	—	—	—	—	—	—	—
Paranoia,	28	3	5	3	7	7	—	25	—	—	1	—	1	—	—
Paranoid condition,	.	5	—	5	—	—	6	44	6	—	—	—	—	—	—
Delusional insanity,	.	—	—	—	—	—	2	2	—	—	—	—	—	—	—
Grave's disease,	.	—	—	1	—	—	—	1	—	—	—	—	—	—	—
Total B,	181	125	75	200	133	74	16	893	23	9	12	4	12	1	30
Total A, B,	252	189	138	310	224	152	69	1,445	32	41	18	32	16	28	52
C.—Most incurable:—															
General paralysis,	.	88	32	12	25	38	16	216	1	—	—	—	1	—	1
Coarse brain lesions,	.	23	9	14	69	18	11	15	—	—	—	—	1	—	1
Epileptic insanity,	.	11	4	12	15	5	1	37	4	—	2	—	1	—	2
Imbecility,	.	12	18	22	28	33	9	8	1	—	—	—	5	—	4
Senile insanity,	.	45	62	34	38	48	6	14	—	—	—	—	1	—	1
Total C,	129	125	94	192	129	118	34	87	6	—	2	—	9	—	9
Total A, B, C,	381	314	232	502	353	270	103	1,353	32	41	20	32	25	28	61
D.—Undiagnosed,	.	39	—	30	12	4	8	—	—	—	—	—	—	2	5
Not insane,	2	—	1	2	—	—	—	5	—	—	—	—	—	—	—
Total D,	2	39	1	32	12	4	8	—	—	—	—	—	—	2	5
Total first admissions,	383	353	233	534	365	274	111	1,98	32	41	20	32	25	30	66
Other admissions:—															
A.—Most curable:—															
Manic-depressive insanity,	.	20	40	9	39	35	25	219	14	3	2	3	1	13	11
Amentia,	.	—	—	1	—	—	—	1	—	—	—	—	—	—	—
Hysterical insanity,	.	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Neurasthenia,	.	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Exhaustion psychosis,	.	—	—	1	1	—	—	1	—	—	—	—	—	—	—
Alcoholic insanity acute,	7	6	3	5	7	1	—	31	3	4	1	1	—	3	1
Toxic insanity acute,	.	—	—	—	—	—	1	3	—	—	—	—	—	—	—
Psychosis with somatic disease,	.	—	—	—	—	—	2	2	—	—	—	—	—	—	—
Total A,	27	48	12	56	47	36	28	4	17	3	4	4	1	16	12

FORMS OF MENTAL DISEASE, ETC.

TABLE XI.—Forms of Mental Disease in Patients committed, discharged or who died, at Public Institutions for the Insane and McLean Hospital—Continued.

DISCHARGES—RECOVERIES AND CAPABLE OF SELF-SUPPORT—CON.												TOTAL DISCHARGES.					Died.	Aggregate Discharges and Deaths.
WEST-BOROUGH HOSPITAL.		BOSTON HOSPITAL.		MCLEAN HOSPITAL.		OTHER INSTITUTIONS.		Recovered.	Capable of Self-support.	Improved.	Not improved.	Total Discharges.						
Recovered.	Capable of Self-Support.	Recovered.	Capable of Self-support.	Recovered.	Capable of Self-support.	Recovered.	Capable of Self-support.											
22	3	30	8	17	10	2	2	120	43	54	24	241	1	46	1			
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8	10	3	2	1	13	8	2	15			
10	1	1	1	1	1	7	1	72	11	12	1	96	11	2	104			
.	5	4	2	1	11	2	2	13			
.	7	2	1	1	10	6	6	16			
.	1	1	3			
.	2	1	.	.	2	1	1	1			
.			
41	4	33	4	20	11	15	4	228	67	76	27	308	71	469	4			
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First admitted to any hospital:—

A.—Most curable:—

Acute hallucinosis, . . .
 Manic depressive insanity, . . .
 Melancholia, acute, . . .
 Confusional insanity, acute, . . .
 Amentia, . . .
 Hysterical insanity, . . .
 Infection psychosis, . . .
 Neurasthenia, . . .
 Exhaustion psychosis, . . .
 Alcohol insanity, acute, . . .
 Toxic insanity, acute, . . .
 Delirium, acute, . . .
 Delirium with somatic disease, . . .
 Psychosis with somatic disease, . . .
 Compulsive insanity, . . .

Total A, . . .

B.—Less curable:—

Melancholia, chronic, . . .
 Involution psychosis, . . .
 Chorea insanity, . . .
 Psychopathic inferiority, . . .
 Traumatic insanity, . . .
 Myxedematous insanity, . . .

[illegible]

TABLE XI.—Forms of Mental Disease in Patients committed, discharged or who died, at Public Institutions and McLean Hospital—Continued.

	COMMITMENTS.								DISCHARGES—RECOVERIES AND CAPABLE OF SELF-SUPPORT.							
	Worcester Hospital.	Taunton Hospital.	Northampton Hospital.	Danvers Hospital.	Westborough Hospital.	Boston Hospital.	McLean Hospital.	Other Institutions.	Total Commitments.	WORCESTER HOSPITAL.	TAUNTON HOSPITAL.		NORTHAMPTON HOSPITAL.		DANVERS HOSPITAL.	
										Recovered.	Capable of Self-support.	Recovered.	Capable of Self-support.	Recovered.	Capable of Self-support.	Recovered.
B.—Less curable:—																
Melancholia, chronic.	.	.	.	.	.	.	.	.	19	.	.	.	.	.	.	.
Involution psychosis.	.	.	.	.	.	.	.	.	9	.	.	.	.	.	.	.
Psychopathic inferiority.	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.
Myxoedematous insanity.	.	.	.	.	.	.	.	.	24	.	.	.	.	.	.	.
Alcoholic insanity, chronic.	.	.	.	.	.	.	.	.	169	.	.	.	.	.	.	.
Toxic insanity, chronic.	.	.	.	.	.	.	.	.	5	.	.	.	.	.	.	.
Dementia præcox.	.	.	.	.	.	.	.	.	9	.	.	.	.	.	.	.
Dementia, secondary.	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.
Paranoia.	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.
Paranoid condition.	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.
Delusional insanity.	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.
Total B.	52	35	26	49	46	15	6	7	236	—	5	1	—	1	—	7
Total A, B.	79	83	38	105	93	51	34	11	494	17	8	12	4	16	2	19
C.—Most incurable:—																
General paralysis.	.	.	.	.	.	.	.	.	31	.	.	.	.	.	.	.
Coarse brain lesions.	.	.	.	.	.	.	.	.	20	.	.	.	.	.	.	.
Epileptic insanity.	.	.	.	.	.	.	.	.	14	.	.	.	.	.	.	.
Imbecility.	.	.	.	.	.	.	.	.	17	.	.	.	.	.	.	.
Senile insanity.	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.
Total C.	18	16	11	16	19	9	5	7	101	—	1	—	—	—	—	—
Total A, B, C.	97	99	49	121	112	60	39	18	595	17	9	12	4	16	3	19

[illegible]

FORMS OF MENTAL DISEASE, ETC.

TABLE XI. — Forms of Mental Disease in Patients committed, discharged, or who died, at Public Institutions and McLean Hospital — Concluded.

	DISCHARGES — RECOVERIES AND CAPABLE OF SELF-SUPPORT — Con.								TOTAL DISCHARGES.					Died.	Aggregate Deaths.	and
	WEST-BOROUGH HOSPITAL.		BOSTON HOSPITAL.		MCLEAN HOSPITAL.		OTHER INSTITUTIONS.		Recovered.	Capable of Self-support.	Improved.	Not improved.	Total Discharges.			
	Recovered.	Capable of Self-support.	Recovered.	Capable of Self-support.	Recovered.	Capable of Self-support.	Recovered.	Capable of Self-support.								
B. — Less curable: —																
Melancholia, chronic,	.	.	.	.	.	.	.	.	.	.	.	.	1	1	1	2
Involution psychosis,	.	.	.	.	.	.	.	.	.	.	.	.	9	7	16	6
Psychopathic inferiority,	.	.	.	.	.	.	.	.	.	.	.	.	5	1	1	1
Myxoedematous insanity,	.	.	.	.	.	.	.	.	.	.	.	.	3	1	1	1
Alcoholic insanity, chronic,	.	.	.	.	.	.	.	.	.	.	.	.	17	13	30	2
Toxic insanity, chronic,	.	.	.	.	.	.	.	.	.	.	.	.	50	48	98	98
Dementia precox,	1	3	1	1	1	1	1	1	1	1	1	1	3	17	20	15
Dementia, secondary,	.	.	.	.	.	.	.	.	.	.	.	.	6	1	7	15
Paranoia,	.	.	.	.	.	.	.	.	.	.	.	.	1	1	2	1
Paranoid condition,	.	.	.	.	.	.	.	.	.	.	.	.	3	1	4	4
Delusional insanity,	.	.	.	.	.	.	.	.	.	.	.	.	2	1	3	5
Total B,	1	5	2	4	2	2	1	5	4	30	33	32	99	99	198	198
Total A, B,	34	9	15	5	5	5	6	6	109	59	76	50	294	136	430	430
C. — Most incurable: —																
General paralysis,	.	.	.	.	.	.	.	.	.	.	.	.	2	32	34	34
Coarse brain testous,	.	.	.	.	.	.	.	.	.	.	.	.	5	16	21	21
Epileptic insanity,	.	.	.	.	.	.	.	.	.	.	.	.	8	23	31	31
Imbecility,	.	.	.	.	.	.	.	.	.	.	.	.	4	5	10	10
Senile insanity,	.	.	.	.	.	.	.	.	.	.	.	.	1	5	6	6
Total C,	1	1	1	1	1	1	1	1	1	1	1	1	2	31	33	33
Total A, B, C,	34	10	15	6	5	5	7	7	110	64	83	59	316	107	129	559

FORMS OF MENTAL DISEASE, ETC.

[illegible]

[illegible]

DURATION OF MENTAL DISEASE, ETC.

TABLE XIII. — *Duration of Mental Disease and its Treatment in Persons who recovered or died at Public Institutions for the Insane and McLean Hospital.*

PERIOD.	FIRST ADMITTED TO ANY HOSPITAL.			WHOLE DURATION.			ALL OTHER ADMISSIONS.		
	DURATION BEFORE ADMISSION.			HOSPITAL RESIDENCE.			WHOLE KNOWN PERIOD OF MENTAL DISEASE.		
	Men.	Women.	Totals.	Men.	Women.	Totals.	Men.	Women.	Totals.
A. — Recovered :—									
Under 1 month,	55	47	102	8	11	19	1	—	1
From 1 to 3 months,	28	39	67	37	31	68	4	2	6
3 to 6 months,	11	16	27	32	49	81	4	4	8
6 to 12 months,	10	16	26	35	34	69	6	18	24
1 to 2 years,	6	4	10	11	10	21	7	26	33
2 to 5 years,	4	8	12	3	2	5	8	18	26
5 to 10 years,	2	1	3	—	1	1	5	2	7
10 to 20 years,	—	1	1	1	—	1	1	3	4
Over 20 years,	—	—	—	—	—	—	—	—	—
Totals,	116	132	248	127	138	265	36	73	109
Unknown,	11	6	17	—	—	—	3	1	4
Totals,	127	138	265	127	138	265	39	74	113
Average of known cases (in months),	4.89	6.94	5.98	7.22	6.68	6.93	24.41	22.67	23.24
							21.50	20.50	20.84

DURATION OF MENTAL DISEASE, ETC.

TABLE XIII. — *Duration of Mental Disease and its Treatment in Persons who recovered or died at Public Institutions for the Insane and McLean Hospital* — Concluded.

PERIOD.	FIRST ADMITTED TO ANY HOSPITAL.			WHOLE DURATION.			WHOLE KNOWN PERIOD OF MENTAL DISEASE.			ALL OTHER ADMISSIONS.		
	DURATION BEFORE ADMISSION.			HOSPITAL RESIDENCE.			WHOLE KNOWN PERIOD OF HOSPITAL RESIDENCE.					
	Men.	Women.	Totals.	Men.	Women.	Totals.	Men.	Women.	Totals.	Men.	Women.	Totals.
B. — Died: —												
Congenital,	6	1	7	—	—	—	3	—	3	2	—	2
Under 1 month,	60	60	120	90	62	152	20	11	31	1	—	1
From 1 to 3 months,	63	35	98	66	45	111	20	20	40	7	1	8
3 to 6 months,	44	39	83	60	45	105	29	22	51	3	—	3
6 to 12 months,	60	41	101	59	44	103	41	30	71	5	3	8
1 to 2 years,	91	47	138	71	44	115	96	47	143	10	5	15
2 to 5 years,	73	63	136	88	58	146	131	87	218	27	12	39
5 to 10 years,	33	28	61	39	41	80	53	56	109	24	33	57
10 to 20 years,	20	23	43	32	28	60	39	44	83	19	29	48
Over 20 years,	9	6	15	10	11	21	27	26	53	14	40	54
Totals,	459	343	802	515	378	893	459	343	802	105	122	227
Unknown,	56	35	91	—	—	—	56	35	91	9	8	17
Totals,	515	378	893	515	378	893	515	378	893	114	130	244
Average of known cases (in months),	33.52	35.93	34.55	33.60	42.52	37.37	64.44	76.67	69.67	108.82	191.57	153.29
										91.57	111.94	102.55

NATIVITY AND PARENTAGE OF INSANE PERSONS, ETC.

TABLE XIV. — *Nativity and Parentage of Insane Persons admitted to Public Institutions for the Insane and McLean Hospital, who were received for the First Time at Any Hospital.*

PLACES OF NATIVITY.	1909.						SIX YEARS, 1904-1909.		
	MEN.			WOMEN.			TOTALS.		
	Patients.	Fathers.	Mothers.	Patients.	Fathers.	Mothers.	Patients.	Fathers.	Mothers.
Massachusetts,	530	238	253	435	182	191	965	420	444
Other New England States,	143	132	138	128	125	271	271	257	258
Other States,	78	55	51	78	58	57	156	113	108
Total native,	751	425	442	641	365	368	1,392	790	810
Other countries:—									
Africa,	—	—	—	1	—	—	1	—	—
Armenia,	1	—	—	2	2	—	3	2	2
Asia,	—	—	—	—	—	—	—	—	—
At Sea,	—	—	—	—	—	—	—	—	—
Australia,	10	12	12	8	7	9	18	19	21
Austria,	9	9	10	4	5	5	13	14	15
Azores,	—	—	—	1	1	1	1	1	1
Barbadoes Islands,	3	3	3	1	1	1	4	4	4
Belgium,	1	1	1	—	—	—	1	1	1
Bohemia,	—	—	—	—	—	—	—	—	—
Bulgaria,	—	—	—	—	—	—	—	—	—
Canada,	120	149	151	104	116	133	224	265	284
Cape Verde Islands,	—	1	1	2	1	1	2	2	2
China,	6	6	6	—	—	—	6	6	6
Denmark,	4	4	4	—	—	—	4	4	4
East Indies,	—	—	—	—	—	—	—	—	—
England,	48	72	63	51	78	69	99	150	132
Finland,	7	7	7	9	9	9	16	16	16
France,	2	4	2	2	2	—	4	6	2
Germany,	17	31	27	20	32	27	37	63	54
Greece,	3	3	3	1	1	1	4	4	4
Holland,	1	2	2	—	—	—	1	2	2
India,	—	—	—	—	—	—	—	—	—
Ireland,	169	338	334	212	361	360	381	699	694

NATIVITY AND PARENTAGE OF INSANE PERSONS, ETC.

Italy.	34	38	37	13	19	17	47	57	54	212	226	218
Lithuania.	.	.	.	.	.	.	.	.	.	2	1	1
Macedonia.	.	.	.	.	.	.	.	.	.	2	2	2
Mexico.	2	3	2	5	1	1	7	4	3	32	24	26
New Brunswick.	.	.	1	.	1	3	3	2	4	.	.	1
New Zealand.	1	1	1	2	1	3	3	5	4	30	29	28
Newfoundland.	2	2	2	1	3	2	3	3	4	31	39	37
Norway.	2	8	10	6	4	3	10	12	13	45	47	45
Nova Scotia.	4	5	5	4	3	3	9	8	8	70	61	61
Poland.	5	5	5	4	3	3	9	8	8	1	1	1
Porto Rico.	1	3	1	1	2	2	2	5	4	24	22	19
Prince Edward Island.	1	1	1	.	2	3	.	3	4	7	9	10
Prussia.	.	.	.	.	.	.	.	.	.	1	1	1
Roumania.	.	.	.	.	.	.	.	.	.	1	1	1
Russia.	38	38	38	24	26	26	62	64	64	306	316	312
Sandwich Islands.	13	28	26	14	26	24	27	54	50	176	317	281
Scotland.	.	.	.	.	.	.	.	.	.	1	1	1
Sicily.	.	.	.	.	.	.	.	.	.	3	2	1
South America.	1	1	2	.	.	.	1	1	.	3	1	6
Spain.	18	24	21	23	26	24	41	50	45	240	275	266
Sweden.	1	1	2	.	1	2	1	2	2	8	14	16
Switzerland.	1	1	2	2	2	2	3	2	2	17	14	14
Syria.	3	4	4	2	.	.	3	4	4	29	28	29
Turkey.	.	.	.	1	.	.	1	1	1	7	11	11
Wales.	1	1	1	.	.	.	1	1	.	24	24	23
West Indies.	1	1	1	.	.	.	1	1	1	1	1	1
Western Islands.	1	1	1	.	.	.	1	1	1	1	1	1
Total foreign.	527	802	782	514	732	728	1,041	1,534	1,510	6,219	8,633	8,556
Unknown.	9	60	63	9	67	68	18	127	131	143	1,070	1,115
Totals.	1,287	1,287	1,287	1,164	1,164	1,164	2,451	2,451	2,451	14,067	14,067	14,067

CIVIL CONDITION OF INSANE PERSONS, ETC.

TABLE XV. — *Civil Condition of Insane Persons admitted to Public Institutions for the Insane and McLean Hospital who were received for the First Time at Any Hospital.*

CIVIL CONDITION.	1909.			SIX YEARS, 1904-1909.		
	Men.	Women.	Totals.	Men.	Women.	Totals.
Unmarried,	557	447	1,004	3,426	2,535	5,961
Married,	562	488	1,050	3,152	2,551	5,703
Widowed,	141	208	349	792	1,290	2,082
Divorced,	19	21	40	80	93	173
Unknown,	8	-	8	105	43	148
Totals,	1,287	1,164	2,451	7,555	6,512	14,067

TABLE XVI. — *Occupations of Insane Persons admitted to Public Institutions for the Insane and McLean Hospital who were received for the First Time at Any Hospital.*

OCCUPATIONS.	1909.			SIX YEARS, 1904-1909.		
	Men.	Women.	Totals.	Men.	Women.	Totals.
Educated or professional, .	38	34	72	285	223	508
Domestic,	17	170	187	98	1,089	1,187
Farmers,	67	-	67	351	-	351
Housekeepers,	-	489	489	-	2,609	2,609
Laborers,	237	-	237	1,622	-	1,622
Mechanical,	277	-	277	1,534	18	1,552
Operatives,	100	71	171	694	477	1,171
Traders,	140	10	150	857	176	1,033
Miscellaneous,	191	86	277	1,049	255	1,304
Totals,	1,067	860	1,927	6,490	4,847	11,337
No occupation,	202	225	427	954	1,502	2,456
Unknown,	18	79	97	111	163	274
Totals,	1,287	1,164	2,451	7,555	6,512	14,067

MEMBERS OF THE STATE BOARD OF INSANITY.

MEMBERS OF THE STATE BOARD OF INSANITY.

Date of Original Appointment.	Name.	Residence.	Term expires.	RETIRED.	
				Date.	Reason.
September, 1898, .	George F. Jelly, M.D., .	Boston,	September, 1913, .	-	-
September, 1898, .	Herbert B. Howard, M.D., .	Boston,	-	January, 1902,	Resigned.
September, 1898, .	Charles R. Codman,	Barnstable,	September, 1906, .	September, 1906,	Term expired.
September, 1898, .	Edward S. Bradford,	Springfield,	-	February, 1900,	Resigned.
September, 1898, .	Francis B. Gardner,	Brockton,	-	February, 1902,	Resigned.
February, 1900, .	Albert L. Harwood,	Newton Center,	September, 1905, .	September, 1905,	Term expired.
January, 1902, .	James B. Ayer, M.D.,	Boston,	September, 1907, .	September, 1907,	Term expired.
December, 1902, .	Seward W. Jones,	Newton Highlands,	September, 1909, .	December, 1906,	Resigned.
September, 1905, .	Michael J. O'Meara, M.D., . .	Worcester,	September, 1910, .	-	-
October, 1906, .	Henry P. Field,	Northampton,	September, 1911, .	-	-
January, 1907, .	William F. Whittemore, . . .	Boston,	September, 1914, .	-	-
September, 1907, .	Herbert B. Howard, M.D., ¹ .	Boston,	September, 1912, .	-	-

¹ Reappointed September, 1907.

DIRECTORY OF INSTITUTIONS.

WORCESTER STATE HOSPITAL (opened 1833):—

Trustees: Thomas Russell, Boston, chairman; T. Hovey Gage, Worcester, secretary; Mrs. Carrie B. Harrington, Worcester; Miss Frances M. Lincoln, Worcester; Dr. Samuel B. Woodward, Worcester; George F. Blake, Worcester; Lyman A. Ely, Worcester.

Regular meeting, first Tuesday of each month.

Superintendent, Hosea M. Quinby, M.D.

First assistant physician, Theodore A. Hoch, M.D.

Assistant physicians: Florence H. Abbot, M.D., Ray L. Whitney, M.D., William M. Dobson, M.D., John R. Ross, M.D., Frank L. S. Reynolds, M.D.

Treasurer, Albert Wood.

Steward, Henry R. Center.

Visiting days, Wednesdays and Fridays.

Staff meetings, Tuesdays, at 11 A.M.

TAUNTON STATE HOSPITAL (opened 1854):—

Trustees: Henry R. Stedman, M.D., Brookline, chairman; Mrs. Elizabeth C. M. Gifford, E. Boston, secretary; Loyed E. Chamberlain, Brockton; James P. Francis, New Bedford; Mrs. Susan E. Learoyd, Wakefield; William C. Lovering, Taunton; Simeon Borden, Fall River.

Regular meeting, second Thursday of each month.

Superintendent, Arthur V. Goss, M.D.

Assistant physicians, Benjamin W. Baker, M.D., Dora W. Faxon, M.D., Horace G. Ripley, M.D., George K. Butterfield, M.D.

Treasurer, Frank W. Boynton.

Steward, Otis E. White.

Visiting days, Wednesdays, Saturdays, all legal holidays, second Sunday of each month.

Staff meetings, Monday, Tuesday, Wednesday, Thursday, Friday, at 11 A.M.

NORTHAMPTON STATE HOSPITAL (opened 1858):—

Trustees: Alvan Barrus, Goshen, chairman; Henry L. Williams, Northampton, secretary; F. W. Chapin, M.D., Springfield; John McQuaid, Pittsfield; Chas. S. Shattuck, Hatfield; Mrs. Sarah A. Woodworth, Chicopee; Miss Caroline A. Yale, Northampton.

Regular meeting, first Thursday of each month.

Superintendent, John A. Houston, M.D.

Assistant physicians, Harriet M. Wiley, M.D., Charles H. Dean, M.D., Edward W. Whitney, M.D., C. Stanley Raymond, M.D., Mabel Cruttenden, M.D.

Treasurer and steward, Lewis F. Babbitt.

Visiting days, Tuesdays and Fridays.

Staff meetings, Wednesdays, at 11 A.M.

DANVERS STATE HOSPITAL (opened 1878):—

Post-office and railroad station, Hathorne (Boston & Maine).

Trustees: George R. Jewett, Salem, chairman; Horace H. Atherton, East Saugus; Samuel W. Hopkinson, Bradford; Miss Annie M. Kilham, Beverly; Miss Mary W. Nichols, Danvers; Orville F. Rogers, M.D., Dorchester; S. Herbert Wilkins, Salem.

Regular meeting, second Friday of each month.

Superintendent, Chas. W. Page, M.D.

Senior assistant physician, Henry M. Swift, M.D.

Assistant physicians, Anna H. Peabody, M.D., Charles Ricksher, M.D., Leslie C. Bishop, M.D., Edwin W. K. Ellenbogan, M.D., Harlan L. Paine, M.D.

Assistant physician and pathologist, Herman M. Adler, M.D.

Assistant pathologist, Myrtelle M. Canavan, M.D.

Interne, Isaiah H. Halladjian, M.D.

Treasurer, Scott Whitecher.

Steward, John N. Lacey.

Visiting days, Monday and Wednesdays.

Staff meetings, daily, at 8.30 A.M.

WESTBOROUGH STATE HOSPITAL (opened 1886):—

Trustees: John L. Coffin, M.D., Northborough, chairman; Miss Eliza C. Durfee, Fall River, secretary; William Avery Cary, Boston; George B. Dewson, Cohasset; John M. Merriam, Esq., South Framingham; Lewis R. Speare, Newton; Miss Sarah B. Williams, Taunton.

WESTBOROUGH STATE HOSPITAL (opened 1886) — *Concluded.*

Regular meeting, first Thursday of each month.

Superintendent, George S. Adams, M.D.

Assistant superintendent, Henry I. Klopp, M.D.

Assistant physicians, W. W. Coles, M.D., M. M. Jordan, M.D.,

C. C. Burlingame, M.D., A. S. Guibord, M.D., Esther S.

Barnard, M.D., C. A. Washburn, M.D.

Pathologist, Solomon C. Fuller, M.D.

Treasurer, H. L. Davenport.

Steward, Melville L. Stacy.

Visiting days, Tuesdays and Saturdays.

Staff meetings, daily, at 12 M.

BOSTON STATE HOSPITAL (opened 1839) :—

Women's department: post-office, Dorchester Center; railroad station, Forest Hills.

Men's department: post-office, Mattapan; railroad station, Forest Hills (New York, New Haven & Hartford).

Trustees: Walter Channing, M.D., Brookline, chairman;

Henry Lefavour, Boston, secretary; Mrs. Guy Lowell, Brook-

line; Joseph Koshland, Boston; Mrs. William H. Devine,

Boston; Michael J. Jordan, Boston; William Taggard Piper,

Cambridge.

Regular meeting at the hospital, on the second Tuesday of each month.

Superintendent, Owen Copp, M.D.

Assistant superintendent, William Noyes, M.D.

Assistant physicians, S. W. Crittenden, M.D., George H.

Maxfield, M.D., Mary E. Gill, M.D., Francis X. Corr, M.D.,

Ermy C. Noble, M.D.

Treasurer and steward, William E. Elton.

Visiting days, Wednesdays and the first Sunday of each month,

2 to 4 P.M.

WORCESTER STATE ASYLUM (opened 1877) :—

Trustees: trustees of Worcester State Hospital.

Superintendent, Ernest V. Scribner, M.D.

Assistant physicians, H. Louis Stick, M.D., Arthur E. Pat-

trell, M.D., William T. Bailey, M.D., B. Henry Mason, M.D.

Pathologist, Frederick H. Baker, M.D.

Treasurer, Albert Wood.

Visiting days, every day except Sunday.

MEDFIELD STATE ASYLUM (opened 1896):—

Post-office, Harding; railroad station, Medfield Junction (New York, New Haven & Hartford).

Trustees: Ira G. Hersey, Hingham, chairman; Mrs. Nellie Palmer, South Framingham, secretary; William O. Blaney, Boston; Frances M. Carroll, Boston; F. B. Lund, M.D., Boston; James M. Codman, Brookline; Mrs. Sarah Rand, Newton Center.

Regular meeting, first Thursday following the first Tuesday of each month.

Superintendent, Edward French, M.D.

Assistant physicians, Lewis M. Walker, M.D., Helen T. Cleaves, M.D., George A. Troxell, M.D., Walter Burrier, M.D., E. C. Burrill, M.D.

Treasurer, Chas. C. Blaney.

Steward, F. H. Gross.

Visiting days, Tuesdays and Fridays.

GARDNER STATE COLONY (opened 1902):—

Post-office, Gardner; railroad station, East Gardner.

Trustees: Edmund A. Whitman, Cambridge, chairman; Mrs. Amie H. Coes, Worcester, secretary; William H. Baker, M.D., Lynn; John G. Blake, M.D., Boston; George N. Harwood, Barre; Mrs. Alice Miller Spring, Fitchburg; Wilbur F. Whitney, Ashburnham.

Regular meeting, first Friday occurring on or after the fourth day of each month.

Superintendent and treasurer, Charles E. Thompson, M.D.

Assistant superintendent, Thomas Littlewood, M.D.

Assistant physician, Harris C. Barrows, M.D.

Visiting days, every day except Sundays and holidays, from 10 A.M. to 4 P.M. (Sundays and holidays by permission).

MENTAL WARDS, STATE INFIRMARY (opened 1866):—

Post-office, Tewksbury; railroad stations, Tewksbury (Western Division, Boston & Maine), Tewksbury Junction and Salem Junction (Southern Division, Boston & Maine).

Trustees: John B. Tivnan, Salem, chairman; Rev. Payson W. Lyman, Fall River, secretary; Leonard Huntress, M.D., Lowell; Emery M. Low, Brockton; Mrs. Anna F. Prescott, Boston; Joseph A. Smart, Andover; Helen R. Smith, Newton.

MENTAL WARDS, STATE INFIRMARY (opened 1866) — *Concluded.*

Regular meeting, usually during last week of month, alternately at State Infirmary and State Farm.

Superintendent, John H. Nichols, M.D.

Assistant superintendent and physician, George A. Peirce, M.D.

First assistant physician, Howard F. Holmes, M.D.

Assistant physicians, Walter C. Kenney, M.D., Alfred J. Roach, M.D., Howard K. Tuttle, M.D., Ernest F. Richards, M.D., Charles O. Day, M.D., Harry R. Coburn, M.D., Anna E. Barker, M.D.

Pathologist, Carroll D. Partridge, M.D.

Visiting days, every day except Sundays and holidays, from 10 A.M. to 4 P.M.

Staff meetings, Mondays, at 1.30 P.M. and 7 P.M.

BRIDGEWATER STATE HOSPITAL (opened 1886, 1895) : —

Post-office, State Farm; railroad station, Titicut (New York, New Haven & Hartford).

Trustees: trustees of State Infirmary and State Farm.

Medical director, Alfred Elliott, M.D.

Assistant physicians, Leonard A. Baker, M.D., Arthur J. Nugent, M.D.

Visiting days, every day except Sundays.

Staff meetings, usually daily, at 11 A.M.

MONSON STATE HOSPITAL (opened 1898) : —

Post-office and railroad station, Palmer (Boston & Albany).

Trustees: William N. Bullard, M.D., Boston, chairman; Mrs. Mabel W. Stedman, Brookline, secretary; Edward P. Bagg, Holyoke; John Bapst Blake, M.D., Boston; Henry P. Jaques, M.D., Lenox; Walter W. Scofield, M.D., Dalton; Mrs. Mary P. Townsley, Springfield.

Regular meeting, first Thursday of each month.

Superintendent, Everett Flood, M.D.

Assistant physicians, Morgan B. Hodskins, M.D., Edward A. Kennedy, M.D., Alden V. Cooper, M.D., Frederick W. Guild, M.D., Annie E. Taft, M.D., research assistant.

Treasurer, Walter E. Hatch.

Steward, Charles F. Simonds.

Visiting days, Tuesdays and Fridays.

Staff meetings, Wednesdays and Saturdays, at 11.30 A.M.

FOXBOROUGH STATE HOSPITAL (opened 1893):—

Trustees: Robert A. Woods, Boston, chairman; William H. Prescott, Boston, secretary; Philip R. Allen, East Walpole; Timothy J. Foley, Worcester; Frank L. Locke, Malden; Edwin Mulready, Rockland; W. Rodman Peabody, Cambridge.

Regular meeting, first Wednesday of each month.

Superintendent and treasurer, Irwin H. Neff, M.D.

Senior assistant physician, Frank H. Carlisle, M.D.

Junior assistant physician, Fred Porter Moore, M.D.

Steward, Nelson Crosskill.

Visiting days, every day excepting Sunday.

Staff meetings, Mondays, Wednesdays and Fridays, at 11 A.M.

MASSACHUSETTS SCHOOL FOR THE FEEBLE-MINDED AT WALTHAM
(opened 1848):—

Post-office and railroad station, Waverley (Boston & Maine).

Trustees appointed by the Governor: William W. Swan, Brookline, president; Francis J. Barnes, M.D., Cambridge; Mrs. Luann L. Brackett, Newton; Thomas W. Davis, Boston; Felix Gatineau, Southbridge; Charles S. Hamlin, Boston.

Trustees appointed by the corporation: Frank G. Wheatley, M.D., North Abington, vice-president; Charles E. Ware, Fitchburg, secretary; Chas. Francis Adams, 2d, Concord; Frederick P. Fish, Brookline; Joseph B. Warner, Boston.

Quarterly meeting, second Thursday of October, January, April and July.

Superintendent, Walter E. Fernald, M.D.

Assistant physicians, Winfred O. Brown, M.D., Frederic J. Russell, M.D., Annie M. Wallace, M.D., Edith Woodill, M.D.

Treasurer, Richard C. Humphreys.

Visiting days, Wednesdays, Thursday and Saturday afternoons.

Staff meetings, daily, at 9 A.M.

WRENTHAM STATE SCHOOL (opened 1907):—

Post-office and railroad station, Wrentham.

Trustees: Albert L. Harwood, Newton, chairman; Ellerton James, Nahant, secretary; John J. Conner, Peabody; George W. Gay, Newton; Susanna W. Berry, Lynn; Herbert Parsons, Greenfield; Mary Stewart Scott, Worcester.

WRENTHAM STATE SCHOOL (opened 1907) — *Concluded.*

Regular meeting, second Thursday of each month.

Superintendent and treasurer, George L. Wallace, M.D.

Visiting days, every day.

THE HOSPITAL COTTAGES FOR CHILDREN, BALDWINVILLE (opened 1882) : —

President, Herbert S. Morley, Baldwinville; clerk, Robert N. Wallis, Fitchburg.

Trustees appointed by the Governor: George B. Dewson, Cohasset; Jenness K. Dexter, Springfield; Mrs. William W. Doherty, Boston; Arthur H. Lowe, Fitchburg; Herbert S. Morley, Baldwinville.

Trustees appointed by the corporation: John M. Bemis, M.D., Worcester; Mrs. James B. Case, Boston; Mrs. William S. Clark, Worcester; Homer Gage, M.D., Worcester; Mrs. K. M. Gilmore, Boston; Mrs. Edward L. Greene, Lancaster; Mrs. George Heywood, Gardner; Rev. J. S. Lemon, Gardner; Mrs. Winslow S. Lincoln, Worcester; Mrs. Geo. T. Plunkett, Hinsdale; Frederick W. Russell, M.D., Winchendon; Frederick P. Stone, Otter River; Frederick A. Turner, Jr., Boston; Gilman Waite, Baldwinville; Robert N. Wallis, Fitchburg; Mrs. Sarah E. Whitin, Whitinsville.

Quarterly meeting, third Wednesday of January, April and July, and second Wednesday of October.

Superintendent, Hartstein W. Page, M.D.

Assistant physicians, Mildred A. Libby, M.D., L. Maude Warren, M.D.

Treasurer, George L. Clark.

Visiting days, every day except Sundays.

PRIVATE INSTITUTIONS.

McLEAN HOSPITAL (opened 1818) : —

Department of Massachusetts General Hospital Corporation; post-office and railroad station, Waverley (Boston & Maine).

President, Francis C. Lowell, Boston; treasurer, C. H. W. Foster, Needham; secretary, John A. Blanchard, Boston.

Trustees appointed by the Governor: Henry S. Howe, Boston; Henry S. Hunnewell, Wellesley; David P. Kimball, Boston; Charles P. Greenough, Boston.

McLEAN HOSPITAL (opened 1818) — *Concluded.*

Trustees appointed by the corporation: Henry P. Walcott, M.D., Boston, chairman; Francis H. Appleton, Boston; Francis Blake, Auburndale; C. H. W. Foster, Needham; Nathaniel Thayer, Boston; George Wigglesworth, Boston; Moses Williams, Boston; Francis L. Higginson, Boston.

Regular meeting, usually at New England Trust Company of Boston, on Friday, at intervals of two weeks, beginning sixteen days after the first Wednesday in February.

Superintendent, George T. Tuttle, M.D.

First assistant physician, E. Stanley Abbott, M.D.

Second assistant physician, Earl D. Bond, M.D.

Assistant physician, Frederic H. Packard, M.D.

Assistant in pathological chemistry, Charles C. Erdmann, A.B.

Assistant in pathological psychology, F. Lyman Wells, Ph.D.

Junior assistant physician, Edmund M. Pease, M.D.

Visiting days, week days.

Staff meetings, regularly, Tuesdays, at 8.30 A.M.; irregularly, Fridays, at 8.30 A.M.

BOURNEWOOD, Henry R. Stedman, M.D., South Street, Brookline.

Railroad station, Bellevue (Dedham Division, New York, New Haven & Hartford). Fifteen minutes' walk. Carriage by previous arrangement.

THE HIGHLANDS, Frederick W. Russell, M.D., Winchendon (Fitchburg). Carriage.

CHANNING SANITARIUM, Walter Channing, M.D., Brookline. Railroad station, Reservoir (Boston & Albany). Carriage. Or Chestnut Hill street car to Chestnut Hill Avenue.

PRIVATE HOSPITAL, Eben C. Norton, M.D., Post-office, Norwood; railroad station, Norwood Central (New York, New Haven & Hartford).

PINE TERRACE, W. F. Robie, M.D., Baldwinsville.

HERBERT HALL HOSPITAL, John Merrick Bemis, M.D., Salisbury Street, Worcester. Carriage.

NEWTON NERVINE AND SANATORIUM, N. Emmons Paine, M.D., West Newton. Carriage. Or Newton Boulevard street car to Washington Street.

WELLESLEY NERVINE, Edward H. Wiswall, M.D., Washington Street, Wellesley.

LOCUST GROVE ASYLUM, Miss Alice R. Cooke; medical director, George E. White, M.D., Sandwich. Carriage.

DR. RING'S SANATORIUM, Allan Mott Ring, M.D., Arlington Heights. Carriage.

FRAMINGHAM NERVINE, Ellen L. Keith, M.D., Winter Street, Framingham.

PRIVATE HOSPITAL, J. F. Edgerly, M.D., 1 Mt. Vernon Terrace, Newtonville.

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